

# THE COLOUR OF CARING<sup>®</sup>

**UNIVERSITY OF WINNIPEG  
FLEX PLAN  
- SUPPORT EMPLOYEE**



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# *Introduction*

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## **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 nontechnical 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 booklet and those of the Group Agreement, the terms of the Group Agreement shall prevail.

Where legislated, you have the right to request a copy of the following documents:

- Your enrolment form or application for insurance.
- Any written statement or other record, not otherwise part of the application, provided as evidence of insurability.
- You may also request, with reasonable notice, a copy of the Group Agreement for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies.

All requests for copies of documents should be directed to the Corporate Privacy Officer at [mbcprivacyofficer@mb.bluecross.ca](mailto:mbcprivacyofficer@mb.bluecross.ca) or:

Corporate Privacy Officer  
Manitoba Blue Cross  
PO Box 1046 Stn Main  
Winnipeg MB R3C 2X7

If you 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 Agreement Number is #95905.

**Issued: May 2017**

## *Eligibility*

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Health and dental benefits are available to you, your eligible spouse and dependent children. Please refer to (<http://www.uwinnipeg.ca/hr/benefits/eligibility.html>) for eligibility requirements. You are eligible for Plan benefits on the date of employment.

To be eligible, a minimum cohabitation period of one year in a conjugal relationship 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 21 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.

Unmarried, unemployed children over 21 years of age shall qualify if they are dependent upon the covered employee by reason of a mental or physical disability and have been continuously so disabled prior to the attainment of age 21. Unmarried, unemployed children who become totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to attaining age 25 shall also qualify as a Dependent.

Participation in all plans is mandatory for all eligible newly-hired employees. The cost of this plan is paid for by the University as an employee benefit. Employee cost will apply if Option 4 is selected.

# Flex Plan Options Summary

	Option 1	Option 2	Option 3	Option 4
<b>Health</b>				
Travel Health	100%	100%	100%	100%
Ambulance/ Semi-Private Hospital	100%	100%	100%	100%
<b>Deductible</b>	No Coverage	Drugs Only: Dispensing Fee Deductible	Annual \$25 Single/Couple/Family (not applicable to Vision, Travel, Ambulance or Hospital)	Drugs Only: Dispensing Fee Deductible
<b>Drugs</b>		50%	80%	100%
Drug Card		Yes	No	Yes
<b>Paramedical</b>				
Acupuncture		50% to \$400/year	80% to \$500/ year combined	100% to \$500/year
Athletic Therapy		50% to \$400/year		100% to \$500/year
Chiropractor		50% to \$400/year		100% to \$500/year
Licensed Massage Therapy		50% to \$400/year		100% to \$500/year
Occupational Therapy		50% to \$400/year		100% to \$500/year
Physiotherapy**		50% to \$400/year		100% to \$500/year
Dietician* (Nutritional Counselling)		50% to \$400/year	80% to \$350/year	100% to \$500/year
Podiatrist** (Foot Care)		50% to \$400/year	80% to \$350/year	100% to \$500/year
Clinical Psychologist*		50% to \$400/year	80% to \$350/year	100% to \$500/year
<b>Private Duty Nursing</b>		50% to \$5,000/year	80% to \$3,000/year	100% to \$10,000/year
<b>Accidental Dental</b>		Included	Included	Included
<b>Hearing Aids</b>		50% to \$500/5 years	80% to \$500/5 years	100% to \$500/5 years
<b>Other</b>		50%	80%	100%
<b>Vision</b>		50% combined maximum \$350 every 24 months	100% combined maximum \$250 every 24 months	100% combined maximum \$350 every 24 months
<b>Dental</b>				
Basic	No Coverage	50%	80%	100%
Major		50%	60%	75%
Basic/Major Maximum		\$1,600/year combined	\$1,600/year combined	\$2,000/year combined
Orthodontics (Child)		50%	50%	No Coverage
Orthodontics Maximum		\$2,000/lifetime	\$1,600/lifetime	
<b>Health Spending Account</b>				
Annual Allocation (Single/Couple/Family)	\$1,500	\$500	\$350	\$0
<b>Employee Cost</b>				
	No Cost	No Cost	No Cost	Employee Cost

\* prescription required except for The Aurora Family Therapy Centre

\*\* x-rays excluded

# *Ambulance/Hospital Benefits*

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## **FLEX OPTIONS 1, 2, 3 & 4**

You will be reimbursed 100% of eligible expenses. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### **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.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Extended Health Benefits*

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## **FLEX OPTION 2**

You will be reimbursed 50% of the following eligible expenses. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### **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 and the amount payable by Blue Cross shall be based on the prevailing Fee Guide as issued by the Professional Dental Association in the jurisdiction where such services have been rendered.

- **Acupuncture**

Charges for the services of an acupuncturist to a maximum of \$400 per person per calendar year.

- **Athletic Therapy**

Charges for the services of an athletic therapist to a maximum of \$400 per person per calendar year.

- **Cardiac Rehabilitation**

A lifetime maximum of \$500 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner.

- **Chiropractor**

Charges for the services of a chiropractor to a maximum of \$400 per person per calendar year.

- **Clinical Psychology**

Charges for the services of a clinical psychologist when prescribed by a physician or nurse practitioner to a maximum of \$400 per person per calendar year. Includes the services of The Aurora Family Therapy Centre, prescription not required.

- **Drugs** 

You are responsible for the dispensing fee portion of prescription drug expenses.

#### **For Manitoba Residents**

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 amount payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program.

#### **For Non-Manitoba Residents**

Charges for drugs or medicines which are prescribed by a physician or nurse practitioner 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 (excluding x-rays) by a podiatrist (foot doctor) and charges for services by a certified foot care nurse to a combined maximum of \$400 per person per calendar year. This benefit is subject to per visit maximums.

- **Hearing Aids**

Charges for the purchase or repair of hearing aids when prescribed by an otologist or audiologist, to a maximum of \$500 per person every 5 calendar years. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

- **Licensed Massage Therapist**

Charges for the services of a licensed massage therapist to a maximum of \$400 per person per calendar year.



# *Extended Health Benefits*

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- **Medical Appliances**

Charges for 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 lifetime maximum of \$1,000 per item per person.
- 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 \$250 per person. Prior approval must be obtained from Blue Cross.

- **Nutritional Counselling**

Charges for the services of a registered dietitian when prescribed by a physician or nurse practitioner to a maximum of \$400 per person per calendar year.

- **Occupational Therapist**

Charges for the services of an occupational therapist to a maximum of \$400 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. Payment is limited to one pair per person per calendar year.

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

Boots, sandals or sport specific footwear are not eligible.

- **Physiotherapy**

Charges for the services of a physiotherapist for diagnosis and treatment (excluding x-rays) to a maximum of \$400 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 or nurse practitioner, to a maximum of \$5,000 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 rental, 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 \$100 per single mastectomy and \$200 per double mastectomy per person 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 emergency 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 for those who are no longer eligible for Travel Health as outlined on Page #16.**

# *Extended Health Benefits*

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## **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.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Extended Health Benefits*

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## **FLEX OPTION 3**

Reimbursement is subject to a deductible of \$25 per contract per calendar year. The deductible amount will be subtracted from your first claim(s). Once the deductible has been satisfied, you will be reimbursed 80% of eligible expenses. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### **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 and the amount payable by Blue Cross shall be based on the prevailing Fee Guide as issued by the Professional Dental Association in the jurisdiction where such services have been rendered.

- **Cardiac Rehabilitation**

A lifetime maximum of \$500 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner.

- **Clinical Psychology**

Charges for the services of a clinical psychologist when prescribed by a physician or nurse practitioner to a maximum of \$350 per person per calendar year. Includes the services of The Aurora Family Therapy Centre, prescription not required.

- **Drugs**

- **For Manitoba Residents**

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 amount payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program.

- **For Non-Manitoba Residents**

Charges for drugs or medicines which are prescribed by a physician or nurse practitioner 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 (excluding x-rays) 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.

- **Hearing Aids**

Charges for the purchase or repair of hearing aids when prescribed by an otologist or audiologist, to a maximum of \$500 per person every 5 calendar years. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

- **Medical Appliances**

Charges for 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 lifetime maximum of \$1,000 per item per person.
- 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 \$250 per person. Prior approval must be obtained from Blue Cross.

# *Extended Health Benefits*

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- **Nutritional Counselling**

Charges for the services of a registered dietitian when prescribed by a physician or nurse practitioner 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. Payment is limited to one pair per person per calendar year.

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

Boots, sandals or sport specific footwear are not eligible.

- **Paramedical Practitioners**

Charges for the services of the following practitioners to a combined maximum benefit payment of \$500.00 per person per calendar year:

- (a) Acupuncturist
- (b) Athletic Therapist
- (c) Chiropractor
- (d) Licensed Massage Therapist.
- (e) Occupational Therapist
- (f) Physiotherapist excluding diagnostic x-ray examinations

- **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 \$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 rental, 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 \$100 per single mastectomy and \$200 per double mastectomy per person 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 emergency 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 for those who are no longer eligible for Travel Health as outlined on Page #16.**

# *Extended Health Benefits*

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## **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.

Please also refer to General Exclusions on Page 33 of this booklet.

# Extended Health Benefits

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## FLEX OPTION 4

You will be reimbursed 100% of the following eligible expenses. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### 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 and the amount payable by Blue Cross shall be based on the prevailing Fee Guide as issued by the Professional Dental Association in the jurisdiction where such services have been rendered.

- **Acupuncture**

Charges for the services of an acupuncturist to a maximum of \$500 per person per calendar year.

- **Athletic Therapy**

Charges for the services of an athletic therapist to a maximum of \$500 per person per calendar year.

- **Cardiac Rehabilitation**

A lifetime maximum of \$500 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner.

- **Chiropractor**

Charges for the services of a chiropractor to a maximum of \$500 per person per calendar year.

- **Clinical Psychology**

Charges for the services of a clinical psychologist when prescribed by a physician or nurse practitioner to a maximum of \$500 per person per calendar year. Includes the services of The Aurora Family Therapy Centre, prescription not required.

- **Drugs** 

You are responsible for the dispensing fee portion of prescription drug expenses.

#### **For Manitoba Residents**

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 amount payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program.

#### **For Non-Manitoba Residents**

Charges for drugs or medicines which are prescribed by a physician or nurse practitioner 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 (excluding x-rays) by a podiatrist (foot doctor) and charges for services by a certified foot care nurse to a combined maximum of \$500 per person per calendar year. This benefit is subject to per visit maximums.

- **Hearing Aids**

Charges for the purchase or repair of hearing aids when prescribed by an otologist or audiologist, to a maximum of \$500 per person every 5 calendar years. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

- **Licensed Massage Therapist**

Charges for the services of a licensed massage therapist to a maximum of \$500 per person per calendar year.

# *Extended Health Benefits*

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- **Medical Appliances**

Charges for 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 lifetime maximum of \$1,000 per item per person.
- 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 \$250 per person. Prior approval must be obtained from Blue Cross.

- **Nutritional Counselling**

Charges for the services of a registered dietitian when prescribed by a physician or nurse practitioner to a maximum of \$500 per person per calendar year.

- **Occupational Therapist**

Charges for the services of an occupational therapist to a maximum of \$500 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. Payment is limited to one pair per person per calendar year.

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

Boots, sandals or sport specific footwear are not eligible.

- **Physiotherapy**

Charges for the services of a physiotherapist for diagnosis and treatment (excluding x-rays) to a maximum of \$500 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 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 and Remedial Equipment**

Charges for rental, 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 \$100 per single mastectomy and \$200 per double mastectomy per person 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 emergency 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 for those who are no longer eligible for Travel Health as outlined on Page #16.**

# *Extended Health Benefits*

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## **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.

Please also refer to General Exclusions on Page 33 of this booklet.



# *Vision Care Benefits*

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## **FLEX OPTION 2**

You will be reimbursed 50% of eligible vision care expenses, up to a maximum of \$350 per person during any 24 consecutive month period following the actual purchase date of the first Vision Care item or service claimed. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### **Summary of Benefits**

Eligible expenses include the cost of:

- eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist, or optometrist.
- repairs to existing glasses.
- one eye examination per person during any 24 consecutive month period when rendered by a physician, ophthalmologist or optometrist.
- laser eye surgery including costs for foldable lens implants when performed by an ophthalmologist or physician.

Eligible vision care expenses must be prescribed by a licensed physician, ophthalmologist or optometrist.

### **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

- Charges for fitting of eyeglasses.
- Orthoptics, vision training, subnormal vision aids and aniseikonic lenses.
- Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons.
- Lenses which do not require a prescription from a physician, ophthalmologist or optometrist.
- Eyeglasses purchased or repairs made for a person other than you or your dependents. The certificate of coverage is not transferable.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Vision Care Benefits*

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## **FLEX OPTION 3**

You will be reimbursed 100% of eligible vision care expenses, up to a maximum of \$250 per person during any 24 consecutive month period following the actual purchase date of the first Vision Care item or service claimed. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### **Summary of Benefits**

Eligible expenses include the cost of:

- eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist, or optometrist.
- repairs to existing glasses.
- one eye examination per person during any 24 consecutive month period when rendered by a physician, ophthalmologist or optometrist.
- laser eye surgery including costs for foldable lens implants when performed by an ophthalmologist or physician.

Eligible vision care expenses must be prescribed by a licensed physician, ophthalmologist or optometrist.

### **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

- Charges for fitting of eyeglasses.
- Orthoptics, vision training, subnormal vision aids and aniseikonic lenses.
- Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons.
- Lenses which do not require a prescription from a physician, ophthalmologist or optometrist.
- Eyeglasses purchased or repairs made for a person other than you or your dependents. The certificate of coverage is not transferable.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Vision Care Benefits*

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## **FLEX OPTION 4**

You will be reimbursed 100% of eligible vision care expenses, up to a maximum of \$350 per person during any 24 consecutive month period following the actual purchase date of the first Vision Care item or service claimed. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

### **Summary of Benefits**

Eligible expenses include the cost of:

- eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist, or optometrist.
- repairs to existing glasses.
- one eye examination per person during any 24 consecutive month period when rendered by a physician, ophthalmologist or optometrist.
- laser eye surgery including costs for foldable lens implants when performed by an ophthalmologist or physician.

Eligible vision care expenses must be prescribed by a licensed physician, ophthalmologist or optometrist.

### **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

- Charges for fitting of eyeglasses.
- Orthoptics, vision training, subnormal vision aids and aniseikonic lenses.
- Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons.
- Lenses which do not require a prescription from a physician, ophthalmologist or optometrist.
- Eyeglasses purchased or repairs made for a person other than you or your dependents. The certificate of coverage is not transferable.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Travel Health Benefits*

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- Travel insurance is designed to cover losses arising from unexpected, sudden or unforeseeable circumstances. It is important that you read and understand your benefit booklet before you travel as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Please review your coverage information carefully to see how it may apply to your trip.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- Please review the International Travel Assistance section. You may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

## **Trip maximum details:**

- There is a 90-day maximum on any trip that includes travel outside of Canada.
- No portion of any trip in excess of 90 days that includes travel outside of Canada is eligible for coverage.
- This coverage cannot be extended beyond the 90-day trip limitation. Any extension purchased to extend coverage beyond 90 days will invalidate all coverage for that trip.
- All trips must originate and terminate in your province of residence.

## **Summary of Benefits**

Benefits are payable to a maximum of \$5,000,000 per person per claim to a lifetime maximum of \$5,000,000. In the event of a claim, proof of departure date and return dates will be required.

Although your plan does not include a specific pre-existing condition exclusion please note that your plan does not provide coverage for expenses related to a medical condition for which it was reasonable to expect treatment or hospitalization during your trip.

You are covered for 100% of the expenses listed below:

### • **Accidental/Emergency Dental**

- Dental care to natural teeth when necessitated by a direct accidental blow to the mouth only and not by an object wittingly or unwittingly placed in the mouth. Treatment must be rendered within 180 days following the date of the accident. The maximum amount payable is \$3,000 per accident.
- Treatment for the emergency relief of dental pain to a maximum of \$300. Services must be rendered outside of your province of residence. A letter from the attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before date of departure.

### • **Ambulance Services**

- Ambulance service from the place of illness or accident to the nearest hospital capable of providing appropriate treatment.
- Economy air transportation by stretcher to your home city in Canada if you have received treatment at a hospital as an in-patient.

### • **Blood and Blood Plasma**

Blood and blood plasma if not available free of charge.

### • **Board and Lodging**

Additional expenses incurred for board and lodging by a relative or friend remaining with you during your hospitalization as an in-patient. To be eligible for coverage, the relative or friend must be travelling with you and also be covered by a Blue Cross Travel Health Plan. Only expenses incurred after the termination date of your trip are eligible.

### • **Dependent Escort**

Additional cost of return economy airfare for an escort to accompany your children (up to 18 years of age) to their province of residence in the event you are air evacuated to Canada for medical reasons.

# *Travel Health Benefits*

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- **Drugs or Medicines**

Drugs or medicines which are prescribed by a physician and dispensed by a licensed pharmacist, excluding vitamins and vitamin preparations, over the counter drugs, or patent and proprietary medicines available without a written prescription from a physician.

- **Emergency Remote Evacuation**

Emergency evacuation by a commercial operator licensed to convey passengers from a mountain, body of water or other remote location to the nearest qualified medical facility capable of providing appropriate treatment when a regular ambulance cannot be used to a maximum of \$5,000 per person.

- **Hospital In-patient Allowance**

An allowance of \$40 per day for each day you are hospitalized as an in-patient. Maximum coverage \$1,000.

- **Hospital Services**

- Hospital in-patient and out-patient services and supplies.
- Medical and surgical services by a legally qualified physician. Charges for services rendered in connection with general examinations, chronic or on-going care, or for check-up or cosmetic purposes are not eligible expenses.

- **Medical Evacuation**

- Subject to the discretion of Blue Cross, medical evacuation to a hospital in the patient's province of residence if the evacuation is not harmful to the patient's health. Prior approval must be obtained from Blue Cross.
- Additional cost, if any, of the most direct return (economy) air travel from the place where you were hospitalized as an in-patient to your home city in Canada, including the cost of return economy air travel for a graduate professional nurse where nursing care is required during the flight home. This benefit must be supported by a letter from the attending physician as medically necessary. This coverage also applies to your family (spouse and dependent children) or one travelling companion who is covered by a Blue Cross Travel Health Plan and is travelling with you at the time of illness or accident.

- **Paramedical**

- Physiotherapy when provided in a hospital.
- Chiropractic and/or a podiatrist services. A letter from the attending physician must be presented indicating treatment was for acute rather than chronic care is required for claim submission.

- **Private Duty Nursing**

Private duty nursing care during or immediately following hospitalization as an in-patient. The services must have been recommended by the attending physician and the nurse must not be a relative of the patient.

- **Repatriation Benefit**

In the event of loss of life, up to \$7,500 towards the cost of transporting the deceased to their home city in Canada (including cost of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death.

- **Replacement of Eyeglasses or Contact Lenses**

Repair or replacement of prescription eyeglasses or contact lens or lenses due to accident or injury to a maximum of \$100 provided that the injury was treated by a physician or dentist.

- **Return of Pet/Vet Charges**

- Cost of returning your accompanying pet to your home city in Canada to a maximum of \$500 per pet, in the event you are confined in hospital for at least three days outside of your province of residence.
- Coverage for emergency veterinary care due to unexpected injury of your pet to a maximum of \$200 per pet.

- **Return of Vehicle**

Charges of up to \$4,000 towards the cost of the return of your private or rental vehicle used for the trip, to your place of residence, or nearest rental agency, in the event you are unable to drive the vehicle.

## *Travel Health Benefits*

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- **Transportation to Bedside/Identify Deceased**

- Transportation to your bedside for your spouse or any one family member to be with you while confined in hospital as an in-patient for at least three days outside of your province of residence. This benefit must be supported by the written verification of the attending physician that your medical condition was serious enough to require the visit. Transportation will also be allowed for a family member travelling to identify the deceased prior to release of the body, if required by law. Coverage includes round-trip economy airfare on a commercial flight via the most direct cost effective route from Canada to the place where illness or accident occurred.
- Commercial accommodations and meals for a person travelling to your bedside or travelling to identify a deceased family member to a combined maximum of \$200 per day to a maximum of \$2,500.

# *Travel Health Benefits*

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## **International Travel Assistance**

How do you find good medical care when you are faced with an emergency in a foreign country? You may not speak the language, you may be incapacitated and you will most likely not know where to get professional care. Through your Group Plan you now have assistance for all of these problems.

Our international travel assistance service offers 24-hour worldwide assistance to travellers in emergency medical situations. Insured travellers, physicians or hospitals should contact the international travel assistance provider immediately in the following medical situations:

- You are hospitalized or about to be hospitalized.
- You need assistance in locating the proper medical care nearest you.
- Insurance verification is required (this may be confirmed by the physician/hospital through our international travel assistance provider directly).
- You are involved in an accident requiring medical treatment.
- You have a medical problem and require translation service.
- Emergency evacuation is deemed medically necessary (arrangements will be made through our international travel assistance provider).
- Any serious medical problem arises.

Be prepared to give the name of the person covered, the client and certificate number and a description of the problem.

## **International Travel Assistance Toll Free Telephone Numbers**

In Canada and United States, call toll free 1.866.601.2583.

In all other countries, or if you have any difficulties with the toll free number, call collect 0.204.775.2583.

The international travel assistance toll free telephone numbers are located on the back of your identification card for your convenience.

For general inquiries call Manitoba Blue Cross at 204.775.0151 or toll free (within Manitoba only) 1.800.USE.BLUE (1.800.873.2583), (outside Manitoba, but within Canada) 1.888.596.1032.

Contact our international travel assistance service immediately for benefits verification and procedures.

Neither Manitoba Blue Cross, University of Winnipeg nor the international travel assistance provider shall be responsible for the availability, quality or results of any medical treatment or the failure of the covered person to obtain medical treatment.

It is recommended that International Travel Assistance be contacted in all situations where medical services are required.

# *Travel Health Benefits*

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## **Exclusions and Limitations**

The following are not eligible:

- Retired employees (including all dependents).
- Employees not actively at work. Actively at work means actively performing all of your duties at the regular place of business of your employer other than while on usual vacation or an approved leave. Please refer to <http://www.uwinnipeg.ca/hr/benefits/eligibility.html> for eligibility requirements.
- Dependents of employees not actively at work as defined above.
- Students in full-time attendance at a learning institution outside of Canada.
- Coverage terminates at the end of the month following the employee's 70th birthday (including all dependents or any surviving spouse).
- Any person travelling against medical advice.
- Any medical condition relating to childbirth and/or delivery, in the event that any portion of travel outside your province of residence falls after the 31st week of gestation.
- A medical condition for which it was reasonable to expect treatment or hospitalization during the trip.
- Any treatment or surgery which is not for emergency treatment.
- Any person travelling for the purpose of securing or with the intent of receiving medical or hospital services whether or not such trip is taken on the advice of a physician.
- Any treatment or surgery which is not required for the immediate relief of acute pain or suffering or which reasonably could have been delayed (on medical evidence) until the patient returned to their province of residence.
- Any medical condition that occurs or recurs after Blue Cross or the international travel assistance provider recommends returning home to Canada following emergency treatment and you choose not to return.
- Any medical condition resulting from non-compliance with any prescribed medical therapy or medical treatment or failure to carry out a physician's or health care practitioner's instruction.
- Any trip in excess of 90 days duration that includes travel outside of Canada. This coverage cannot be extended. Any extension purchased through Blue Cross or another carrier to extend coverage beyond the 90-day limitation will invalidate all coverage for that trip.
- Blue Cross reserves the right to return the patient to his province of residence in an appropriate mode of transportation subject to agreement by the international travel assistance provider and the attending physician that such transportation would not be harmful to the patient's health. The refusal by the patient or the patient's family to be returned will absolve Blue Cross of any claim liability.
- To be eligible the medical or hospital benefits covered under Travel Health must have been provided at the nearest facility capable of providing adequate service at the time of illness or Accident.
- Only charges incurred while the employee is outside the boundaries of his province of residence shall be considered eligible expenses under Travel Health.
- All Travel Health benefits described herein shall be considered eligible only on submission of certification by the attending physician that the services were for emergency treatment.
- In the event of a claim, proof of Departure Date and return dates will be required. It is the responsibility of the employee to provide such proof to Blue Cross. (Airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof.)

Please also refer to General Exclusions on Page 33 of this booklet.



# *Dental Benefits*

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## **FLEX OPTION 2**

Dental benefits are subject to a maximum of \$1,600 per person per calendar year. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

You will be reimbursed:

- 50% of eligible expenses for "Basic" dental services, and
- 50% of eligible expenses for "Major" dental services, and
- 50% of eligible expenses for "Orthodontics" (braces) for dependent children under 17 years of age. Orthodontic benefits are subject to a lifetime maximum of \$2,000 per child.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the provincial Dental Association in your home province 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.
  - Complete series of x-rays, panorex and cephalometric x-rays once every 2 calendar years if necessary.
- 2. Preventive:**
  - 1 unit of polishing, 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 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.

# *Dental Benefits*

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## **Major Services Covered**

### **1. Extensive restorations:**

- Inlays and onlays (one per tooth every 5 calendar years).
- Jackets, crowns and bridges to rebuild and replace missing teeth. (Only one procedure per tooth every 5 calendar years.)
- Note: Please refer to number 5 of "Exclusions and Limitations".

### **2. Prosthetic:**

- Partial or complete upper and lower dentures, provided by a dentist or licensed denturist. Each procedure limited to once every 5 calendar years. Allowances include all adjustments.

## **Orthodontics**

Orthodontic services normally specify an initial fee, and monthly or quarterly fees for on-going treatment. You will receive reimbursement towards the initial fee, and on-going services as they are received. You will not be reimbursed in advance for orthodontic services not yet received.

## **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*

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## **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

1. Congenital malformations i.e. cleft palate prosthesis.
2. Fees arising out of extra services arranged for privately between the patient and dentist.
3. Oral hygiene instruction and plaque control programs.
4. Charges for appliances which have been lost, broken or stolen.
5. 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.
6. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
7. Bleaching of teeth.
8. Root canal on a permanent tooth more than once per lifetime per tooth.
9. Snoring or sleep apnea appliances.
10. 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.
11. Diagnostic photographs.
12. Precision attachments.
13. Hypnosis and dental psychotherapy.
14. Provision for facilities in connection with general anesthesia.
15. Polishing restorations.
16. Any procedure in connection with forensic dental.
17. Orthodontic services for orthodontic treatment rendered to eligible dependents who begin treatment after their 17th birthday.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Dental Benefits*

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## **FLEX OPTION 3**

Dental benefits are subject to a maximum of \$1,600 per person per calendar year. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

You will be reimbursed:

- 80% of eligible expenses for "Basic" dental services, and
- 60% of eligible expenses for "Major" dental services, and
- 50% of eligible expenses for "Orthodontics" (braces) for dependent children under 17 years of age. Orthodontic benefits are subject to a lifetime maximum of \$1,600 per child.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the provincial Dental Association in your home province 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.
  - Complete series of x-rays, panorex and cephalometric x-rays once every 2 calendar years if necessary.
- 2. Preventive:**
  - 1 unit of polishing, 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 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.

# *Dental Benefits*

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## **Major Services Covered**

### **1. Extensive restorations:**

- Inlays and onlays (one per tooth every 5 calendar years).
- Jackets, crowns and bridges to rebuild and replace missing teeth. (Only one procedure per tooth every 5 calendar years.)
- Note: Please refer to number 5 of "Exclusions and Limitations".

### **2. Prosthetic:**

- Partial or complete upper and lower dentures, provided by a dentist or licensed denturist. Each procedure limited to once every 5 calendar years. Allowances include all adjustments.

## **Orthodontics**

Orthodontic services normally specify an initial fee, and monthly or quarterly fees for on-going treatment. You will receive reimbursement towards the initial fee, and on-going services as they are received. You will not be reimbursed in advance for orthodontic services not yet received.

## **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*

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## **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

1. Congenital malformations i.e. cleft palate prosthesis.
2. Fees arising out of extra services arranged for privately between the patient and dentist.
3. Oral hygiene instruction and plaque control programs.
4. Charges for appliances which have been lost, broken or stolen.
5. 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.
6. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
7. Bleaching of teeth.
8. Root canal on a permanent tooth more than once per lifetime per tooth.
9. Snoring or sleep apnea appliances.
10. 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.
11. Diagnostic photographs.
12. Precision attachments.
13. Hypnosis and dental psychotherapy.
14. Provision for facilities in connection with general anesthesia.
15. Polishing restorations.
16. Any procedure in connection with forensic dental.
17. Orthodontic services for orthodontic treatment rendered to eligible dependents who begin treatment after their 17th birthday.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Dental Benefits*

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## **FLEX OPTION 4**

Dental benefits are subject to a maximum of \$2,000 per person per calendar year. Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

You will be reimbursed:

- 100% of eligible expenses for "Basic" dental services, and
- 75% of eligible expenses for "Major" dental services.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the provincial Dental Association in your home province 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.
  - Complete series of x-rays, panorex and cephalometric x-rays once every 2 calendar years if necessary.
- 2. Preventive:**
  - 1 unit of polishing, 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 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.

# *Dental Benefits*

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## **Major Services Covered**

### **1. Extensive restorations:**

- Inlays and onlays (one per tooth every 5 calendar years).
- Jackets, crowns and bridges to rebuild and replace missing teeth. (Only one procedure per tooth every 5 calendar years.)
- Note: Please refer to number 5 of "Exclusions and Limitations".

### **2. Prosthetic:**

- Partial or complete upper and lower dentures, provided by a dentist or licensed denturist. Each procedure limited to once every 5 calendar years. Allowances include all adjustments.

## **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*

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## **Exclusions and Limitations**

Manitoba Blue Cross will not pay for the following:

1. Congenital malformations i.e. cleft palate prosthesis.
2. Fees arising out of extra services arranged for privately between the patient and dentist.
3. Oral hygiene instruction and plaque control programs.
4. Charges for appliances which have been lost, broken or stolen.
5. 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.
6. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
7. Bleaching of teeth.
8. Root canal on a permanent tooth more than once per lifetime per tooth.
9. Snoring or sleep apnea appliances.
10. 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.
11. Diagnostic photographs.
12. Precision attachments.
13. Hypnosis and dental psychotherapy.
14. Provision for facilities in connection with general anesthesia.
15. Polishing restorations.
16. Any procedure in connection with forensic dental.
17. Orthodontic services.

Please also refer to General Exclusions on Page 33 of this booklet.

# *Health Spending Account*

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## **FLEX OPTION 1 EMPLOYEE**

The Health Spending Account is a convenient way to receive reimbursement for any incurred health and dental expenses considered tax deductible by the Canada Revenue Agency, including deductibles, co-payment amounts, or balances not fully covered by your plan.

On January 1st of each year your personal Health Spending Account will be credited with \$1,500 benefit dollars. These benefit dollars can be used to pay for any eligible expense for yourself, or your dependents who are eligible under your basic plan.

Health and dental claims will be paid through your basic plan first. If you are not covered under any other health or dental plan(s), Manitoba Blue Cross will automatically reimburse remaining balances through your Health Spending Account when you reach the minimum payment threshold, or with payment of a health or dental claim.

If you are covered under any other health or dental plan(s), benefits must be coordinated before they can be processed under your Health Spending Account. If both plans are with Manitoba Blue Cross, benefits will be automatically coordinated and forwarded to your Health Spending Account. If you have unpaid balances with another carrier, please submit an Explanation of Benefits statement from that carrier, along with a Health Spending Account claim form, so we may add these outstanding expenses to your account.

Expenses that are only eligible under the Health Spending Account may be submitted with your receipts on a completed Health Spending Account claim form.

Claims will be paid upon the accumulation of \$50 in expenses with payment of a health or dental claim, or at the end of the benefit year, which runs from January 1st to the last day of December if you have not reached \$50.

If you have unused credits at the end of the year, there is a 60 day claims limitation period which allows for any prior year's eligible expenses to be claimed. Any prior year's credits remaining after this time period will be forfeited. If your eligible expenses in any year are greater than the benefit dollars credited to you, the excess will be carried forward into the next benefit year. NOTE: Expenses cannot be carried forward more than one benefit year.

# *Health Spending Account*

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## **FLEX OPTION 2 EMPLOYEE**

The Health Spending Account is a convenient way to receive reimbursement for any incurred health and dental expenses considered tax deductible by the Canada Revenue Agency, including deductibles, co-payment amounts, or balances not fully covered by your plan.

On January 1st of each year your personal Health Spending Account will be credited with \$500 benefit dollars. These benefit dollars can be used to pay for any eligible expense for yourself, or your dependents who are eligible under your basic plan.

Health and dental claims will be paid through your basic plan first. If you are not covered under any other health or dental plan(s), Manitoba Blue Cross will automatically reimburse remaining balances through your Health Spending Account when you reach the minimum payment threshold, or with payment of a health or dental claim.

If you are covered under any other health or dental plan(s), benefits must be coordinated before they can be processed under your Health Spending Account. If both plans are with Manitoba Blue Cross, benefits will be automatically coordinated and forwarded to your Health Spending Account. If you have unpaid balances with another carrier, please submit an Explanation of Benefits statement from that carrier, along with a Health Spending Account claim form, so we may add these outstanding expenses to your account.

Expenses that are only eligible under the Health Spending Account may be submitted with your receipts on a completed Health Spending Account claim form.

Claims will be paid upon the accumulation of \$50 in expenses with payment of a health or dental claim, or at the end of the benefit year, which runs from January 1st to the last day of December if you have not reached \$50.

If you have unused credits at the end of the year, there is a 60 day claims limitation period which allows for any prior year's eligible expenses to be claimed. Any prior year's credits remaining after this time period will be forfeited. If your eligible expenses in any year are greater than the benefit dollars credited to you, the excess will be carried forward into the next benefit year. NOTE: Expenses cannot be carried forward more than one benefit year.

# *Health Spending Account*

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## **FLEX OPTION 3 EMPLOYEE**

The Health Spending Account is a convenient way to receive reimbursement for any incurred health and dental expenses considered tax deductible by the Canada Revenue Agency, including deductibles, co-payment amounts, or balances not fully covered by your plan.

On January 1st of each year your personal Health Spending Account will be credited with \$350 benefit dollars. These benefit dollars can be used to pay for any eligible expense for yourself, or your dependents who are eligible under your basic plan.

Health and dental claims will be paid through your basic plan first. If you are not covered under any other health or dental plan(s), Manitoba Blue Cross will automatically reimburse remaining balances through your Health Spending Account when you reach the minimum payment threshold, or with payment of a health or dental claim.

If you are covered under any other health or dental plan(s), benefits must be coordinated before they can be processed under your Health Spending Account. If both plans are with Manitoba Blue Cross, benefits will be automatically coordinated and forwarded to your Health Spending Account. If you have unpaid balances with another carrier, please submit an Explanation of Benefits statement from that carrier, along with a Health Spending Account claim form, so we may add these outstanding expenses to your account.

Expenses that are only eligible under the Health Spending Account may be submitted with your receipts on a completed Health Spending Account claim form.

Claims will be paid upon the accumulation of \$50 in expenses with payment of a health or dental claim, or at the end of the benefit year, which runs from January 1st to the last day of December if you have not reached \$50.

If you have unused credits at the end of the year, there is a 60 day claims limitation period which allows for any prior year's eligible expenses to be claimed. Any prior year's credits remaining after this time period will be forfeited. If your eligible expenses in any year are greater than the benefit dollars credited to you, the excess will be carried forward into the next benefit year. NOTE: Expenses cannot be carried forward more than one benefit year.

## *General Exclusions*

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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.
- Services and supplies for cosmetic purposes.
- Services provided for elective medical or surgical treatment.
- 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 in the nature of mileage or travelling time or detention time of any provider of services hereunder.
- Services due to riot, civil commotion, war, invasion, act of foreign enemy, hostilities by any armed force (whether war is declared or not), civil war, rebellion, revolution, or insurrection.
- Services rendered in connection with general health examinations for check-up purposes; or in the nature of a rest cure or travel for health; or for travel undertaken for the purpose of seeking medical attention; or for cosmetic purposes.
- Services rendered by a provider who is not an approved provider as determined by Blue Cross.
- Reimbursement is subject to reasonable and customary charges for eligible health services, up to the maximum, where applicable.

# Claiming for Benefits

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Claim forms are available through your Human Resources Department or 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 in this booklet submitted more than 24 months after date(s) services are provided, are not eligible. Every action or proceeding against an insurer (i.e. the University/Blue Cross as may be appropriate) for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act.

## Ambulance/Hospital Benefits

Ambulance and hospital 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.

## Prescription Drugs (Option 3)

It will be necessary for you to pay for your prescription drugs and submit a claim for reimbursement. You have the option of submitting your claim via Online Claims Submission in mybluecross® or by submitting a paper claim.

Online Claims Submission allows you to send your drug claims to Manitoba Blue Cross electronically from the convenience of your home. Claim payments will automatically be deposited into your bank account through Direct Deposit in 2-3 business days. You can access Online Claims Submission by logging into or registering for mybluecross®. You will need to make sure you are signed up for Direct Deposit as well.

Online claims are subject to random audits. If this is the case, you will be required to submit your receipts to Manitoba Blue Cross within 30 days. Even if your claim is accepted without an audit, we ask that you retain your receipts for a year in case we require this documentation.

## Prescription Drugs (Available in Option 2 & 4)

Prescription drug benefits are available through the BlueNet system. When you make a drug purchase, present your BlueNet identification card to the pharmacist at the participating pharmacy. The pharmacist will enter your contract information along with the details of the drug purchase and within seconds your claim will be processed. Any portion of your purchase that is eligible under your plan will be paid directly to the pharmacy by Manitoba Blue Cross.

If your pharmacy does not participate in or if your option does not include the BlueNet system, it will be necessary for you to pay for your prescription drugs and submit a claim for reimbursement. You have the option of submitting your claim online via Online Claims Submission in mybluecross® or by submitting a paper claim.

Online Claims Submission allows you to send your drug claims to Manitoba Blue Cross electronically from the convenience of your home. Claim payments will automatically be deposited into your bank account through Direct Deposit in 2-3 business days. You can access Online Claims Submission by logging into or registering for mybluecross®. You will need to make sure you are signed up for Direct Deposit as well.

Online claims are subject to random audits. If this is the case, you will be required to submit your receipts to Manitoba Blue Cross within 30 days. Even if your claim is accepted without an audit, we ask that you retain your receipts for a year in case we require this documentation.

# *Claiming for Benefits*

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## **Extended Health Benefits**

Claims for other eligible expenses under your Extended Health Benefits must be submitted with a completed health benefits claim form and include itemized receipts and required documentation i.e.: doctor's prescription, referral, provincial plan statement.

## **Vision Care Benefits**

Claims for eligible vision care expenses must be submitted to Manitoba Blue Cross for reimbursement. You have the option of submitting your claims online via Online Claims Submission in mybluecross® or by submitting a completed health benefits claim form with itemized receipts from the dispensing optometrist or optician.

Before mailing your claim, please ensure that you have:

- 1) identified yourself with your client and certificate number (shown on your Identification Card).
- 2) signed the claim form.

## **Travel Health Benefits**

In the event of a claim, proof of departure date and return date will be required. It is your responsibility to provide such proof to Manitoba Blue Cross. (Airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof.)

## **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 (available on Manitoba Blue Cross website).

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

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

## **Dental Benefits**

1. Obtain a dental claim form from Manitoba Blue Cross' website or your Human Resources Department. (A separate claim form is required for each member of your family obtaining dental services.) Present the dental 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 Manitoba Blue Cross directly, or continuing to bill you. Please inquire at the beginning of treatment how billing will be made. If your dentist chooses to seek payment directly from Manitoba 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.

# *Claiming for Benefits*

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## **Health Spending Account (Option 1, 2 & 3)**

Your health and dental claims will be paid through your basic plan first. If you are not covered under any other health or dental plan(s), Manitoba Blue Cross will automatically reimburse remaining balances through your Health Spending Account when you reach the minimum payment threshold, or with payment of a health or dental claim.

If you are covered under any other health or dental plan(s), benefits must be coordinated before they can be processed under your Health Spending Account. If both plans are with Manitoba Blue Cross, benefits will be automatically coordinated and forwarded to your Health Spending Account. If you have unpaid balances with another carrier, please submit an Explanation of Benefits statement from that carrier, along with a Health Spending Account claim form, so we may add these outstanding expenses to your account.

Expenses that are only eligible under the Health Spending Account can be submitted with your receipts on a completed Health Spending Account claim form.

Claims will be paid upon the accumulation of \$50 in expenses, with payment of a health or dental claim, or at the end of the benefit year, which runs from January 1st to December 31st, if you have not reached \$50.

If you have unused credits at the end of the year, there is a 60 day claims limitation period which allows for any prior year's eligible expenses to be claimed. Any prior year's credits remaining after this time period will be forfeited. If your eligible expenses in any year are greater than the benefit dollars credited to you, the excess will be carried forward into the next benefit year. **NOTE:** Expenses cannot be carried forward more than one benefit year.



# *Coordination of Benefits*

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Coordination of benefits is available when both spouses in a family have health and/or dental benefits provided by their places of employment, or through retiree or individual plans.

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.

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

Register today for mybluecross® 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

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).

# *Changes in Status*

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## **Reporting Changes**

You must notify your Human Resources Department 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.

All status changes may be reported using the "Notice of Change" form available through your Human Resources Department.

If the change is reported following the expiry of 60 days, such change shall be subject to the then current underwriting practices of Blue Cross.

## **Termination of Coverage**

Once enrolled in the group plan, you will not be permitted to opt out while still employed by the University of Winnipeg except in the event of duplicate coverage through your spouse. If this situation arises, your request to cancel must be received by Manitoba Blue Cross within 60 days of the effective date of the new plan.

In the event of termination from your employment, your coverage will automatically be cancelled.

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

## **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 client and certificate number in the space provided on the claim form.

If you have lost or misplaced your ID card, log on to mybluecross® to print an ID card or request a new card. This new card will be sent within five business days.