Winnipeg Association of Non-Teaching Employees (Active Employees)

Extended Health and Dental Plan

Eligibility

Permanent full-time employees and part-time employees, including your legal or common-law spouse and dependent children are eligible to become members. New employees become eligible for benefits on their date of employment.

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

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

The term “Dependent” means all natural children, legally adopted children, stepchildren and children for whom you are the legal guardian. Children of the person with whom you are living in a conjugal relationship are also eligible, provided such children are living with you. All children must be unmarried, under the age of 21 and dependent upon you for support, or unmarried and under the age of 25 and in full-time attendance at an accredited educational institution, college or university. The age restriction does not apply to a physically or mentally incapacitated child whose incapacitation commenced while they satisfied the definition of a dependent child, as described above.

Enrollment

Employees working a minimum of 25 hours must enroll in the plan. Employees working less than 25 hours per week in an ongoing position (ie: other than temporary or a term position), enrollment is optional.

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

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

Leaves of Absence

Coverage may be continued during a leave of absence provided it is for the full duration of the leave, unless coverage under an alternate group plan is acquired. ***For Health Only***: coverage during a leave of absence is not available if you will be on a trip outside of Canada for longer than 90 days.

Health Benefits Deductible

Health benefits are subject to a deductible of $50 per individual or family per calendar year. The deductible amount will be subtracted from your first claim(s). **The deductible does not apply to Unlimited Travel Health benefits or Dental benefits**.

Ambulance Benefits

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

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

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

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

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

Stretcher Service (Medical Van)
Charges for “non-emergency” transport by a participating medical transfer service are covered to a lifetime maximum of $250 per person.

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

See General Exclusions on page 12.

Extended Health Benefits

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

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

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

Medical Appliances
Charges for the rental, purchase or repair of:

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

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

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

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

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

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

Boots, sandals or sport specific footwear are not eligible.

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

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

- audiologist
- chiropractor (including x-rays)
- clinical psychologist
- massage therapist (not a relative)
- naturopath
- occupational therapist
- osteopath
- physiotherapist
- podiatrist/certified foot care nurse (combined)
- registered dietician
- speech therapist

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

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

Prescription Drugs BLUENET™
Charges for drugs or medicines that are eligible with Manitoba Pharmacare, prescribed by a physician or nurse practitioner and dispensed by a pharmacist. The annual maximum payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program. The prescription drug benefit is limited to a maximum of $1,500 per person per calendar year. There is a maximum 100-day supply for any single purchase of a drug.

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

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

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

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

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

Prosthetic Appliances and Remedial Equipment
Charges for purchase or repair of:

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

Travel Health Care
If you are age 65 or over, you and your eligible dependents are entitled to reimbursement for 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. If you are under age 65, you and your eligible dependents also have UNLIMITED Travel Health coverage, see the Travel Health Plan in this booklet.

Vision Care Benefits

Once the deductible has been satisfied, you will be reimbursed 80% of the following eligible eye care expenses, up to a maximum of $100 per person during any 24 consecutive month period, provided that no portion of the cost is eligible for payment under any legislative plan:

- one eye examination when rendered by a physician, ophthalmologist or optometrist.

See General Exclusions on page 12.

Unlimited Travel Health Benefits

Coverage is provided for you and your dependents:

- travelling on vacation or business.
- while on sabbatical, paid or non-paid leave, employee exchange or other such similar absence providing the trip is 90 days or less.

The following travel health benefits are applicable to unexpected **emergency treatment** only. Benefits are payable with no overall maximum.

No deductible.

You will be reimbursed 100% of the following eligible expenses:

- Hospital in-patient and out-patient charges.
- Medical and surgical charges for services provided by a legally qualified physician. Charges for services rendered in connection with general examinations for “check-up” or for cosmetic purposes are not eligible expenses.
- Ambulance charges for service from the place of illness or accident to the nearest hospital.
- Economy air transportation to your home city in Canada by stretcher if you have received treatment at a hospital as an in-patient.
- Emergency evacuation by a commercial operator licensed to carry passengers from a mountain, body of water or other remote location when a regular ambulance cannot be used, to a maximum of $5,000.
- 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. Maximum coverage $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.
- In the event of loss of life, up to $7,500 towards the cost of transporting the deceased to their home city in Canada, or up to $5,000 for cremation or burial at place of death.
- Blood or blood plasma if not available free of charge.
- Additional cost, if any, of the most direct return (economy) air travel from the place where you were hospitalized as an in-patient to the 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 benefit is also available to your family (spouse and dependent children) or one travelling companion covered by a Manitoba Blue Cross Travel Health Plan travelling with you at time of injury or illness.
- Private duty nursing.
- Additional board and lodging expenses incurred beyond the original duration of the trip by a relative or friend also covered by a Manitoba Blue Cross Travel Health Plan remaining with you during your hospitalization as an in-patient.
- Prescription drugs.
- Charges for transportation to your bedside incurred by your spouse, or any one parent, child, brother or sister to be with you while you are confined to hospital as an in-patient for at least 3 days outside of your province of residence. Transportation charges for a family member to identify the deceased prior to release of the body, if required by law. Coverage for round-trip economy air fare via the most direct cost effective route.
- Physiotherapy provided in a hospital.
- Chiropractic and podiatrist services. A letter from the attending physician certifying that services were for acute care is required for claim submission.

- Repair or replacement of eyeglasses or contact lenses due to accident or injury to a maximum of $100 provided that the injury is treated by a physician or dentist.
- An allowance of $40 per day for each day you are hospitalized as an in-patient. Maximum coverage $1,000. (This benefit is intended to help defray incidental cost such as parking, telephone calls, taxis etc.)
- Return of your vehicle if you are unable to drive, to a maximum expense of $4,000.
- Charges for commercial accommodation and meals for persons travelling to the bedside or travelling to identify a deceased family member to a combined maximum of $200 per day to a maximum benefit payment of $2,500.
- 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 have been evacuated to Canada for medical reasons.
- Additional cost of returning your pet to your home city in Canada up to a maximum of $500 per pet, in the event you are confined to hospital for at least 3 days outside your province of residence.
- Charges for emergency veterinary care due to unexpected injury of accompanying pet to a maximum of $200.

Travel Health Exclusions and Limitations

The following are not eligible:

- Retired employees (including all dependents).
- Employees age 65 and over (including all dependents).
- Employees under age 65 (including all dependents) travelling outside of Canada on sabbatical, paid and non-paid leave of absence, employee exchange or other such similar absence in excess of 90 days. **Note:** If the trip is in excess of 90 days, no portion of the trip will be eligible for benefits.
- Students travelling outside Canada for full-time educational purposes.
- Persons travelling outside their province of residence for the purpose of obtaining medical treatment.
- Persons travelling against medical advice.
- Charges associated with the required confinement due to childbirth and delivery, in the event that any portion of travel outside your province of residence falls after the 36th week of gestation.

International Travel Assistance

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

- when it is difficult to locate medical care.
- to verify insurance coverage to a physician or hospital.
- when hospitalized for any reason.
- when medical treatment is required as a result of an accident.
- when medical treatment is complicated by language problems.
- when a medical evacuation may be indicated.
- any other serious medical problem. Be prepared to give the name of the covered person, the policy number and 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.

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 the international travel assistance service immediately for benefits verification and procedures.

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

Dental Benefits

Basic dental benefits are subject to a maximum of $1,000 per person per calendar year.

No deductible.

You will be reimbursed:

- 75% 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 2 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:

- 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. Oral surgery:

- Complicated surgical procedures performed in the dentist's office including post-operative care.

5. 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.

6. 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.

7. Endodontics:

- The usual procedures required for pulpal therapy and root canal filling.

8. Periodontics:

- The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.

9. Anesthesia:

- General anesthesia or nitrous oxide analgesia administered in the dentist's office.

10. Consultations:

- Consultations required by attending dentist.

11. Drugs:

- Cost of medication and injections given 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.

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 General Exclusions on page 12.

General Exclusions

Manitoba Blue Cross will not pay for the following:

- Any hospital room charges unless provided for under the Travel Health Plan.
- 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.
- Manitoba Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.
- Orthodontic services.
- Any single purchase of drugs or medicines in excess of a 100-day supply.
- Expenses for services and supplies, rendered or prescribed by a person who is ordinarily a resident in the patient's home or who is a close relative of the patient.
- Services rendered by a practitioner whose qualifications do not meet the criteria established by Manitoba Blue Cross, and whose services have been deemed ineligible by Manitoba Blue Cross.

Claiming for Benefits

Claim forms for the following benefits are available through your employer or on our website at: www.mb.bluecross.ca

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

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

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

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

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

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

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

Dental Benefits
Present the dental claim form to your dentist on the first appointment. A separate claim form is required for each member of your family obtaining dental services.

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, 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, the dentist will retain the claim form until the course of treatment has been completed.

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. Should your dentist choose 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.

Before mailing your claim, please ensure that you have:

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

Claims and Inquiries should be directed to:

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

Coordination of Benefits

Coordination of benefits is available when both spouses in a family are regularly employed 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.

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.

mybluecross®

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
- Update certificates

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

How to Register:

- Visit www.mb.bluecross.ca
- Click on Register at the top right corner of any page
- Enter your ID Card information and verify your account

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

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

Direct Deposit

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

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

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

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

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

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

Changes in Status

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

The majority of status changes may be reported using the "Notice of Change" form available from your employer.

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

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

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

Termination of Coverage
Once notice of termination is received, your coverage will automatically be cancelled at the end of the month in which employment is terminated, or on August 31st if your termination occurs at the end of the school year in June or during the summer months.

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

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

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

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

Important: Please Read

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

If you have any questions regarding the Group Agreement, please contact your employer directly.

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

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