

Winnipeg School Division

Manitoba Government and General Employees' Union (MGEU Local 460)

Retired Employees

Extended Health Plan

Eligibility

Retired employees who are at least age 50 and have had at least 5 continuous years of service in a public school division immediately prior to retirement, are eligible for coverage. You must apply within 90 days of retirement. Benefits are also available to your eligible dependents. Retirees become eligible for plan benefits on the first of the month following receipt of the application at Blue Cross, provided application is made within 90 days of retirement.

Dependents are defined as your spouse and dependent children as described below.

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, benefits will commence one year from date of notification.

The term “dependent children” 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

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

To protect the viability of these plans, if you leave the health plan once enrolled, you will not be permitted to rejoin the plan at a later date.

Health Benefits Deductible

Health benefits are subject to a deductible of $50[1] per individual or family per calendar year. The deductible amount will be subtracted from your first claim(s).

Survivor Benefit

In the event of your death, your dependents (as defined above) may continue coverage on a premium paying basis.

[1] Deductible will be removed effective January 1, 2027

Ambulance Benefits

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

Ambulance Service
Payment of reasonable and customary charges for ambulance services provided within the province or for those who live near the Saskatchewan border and require transport to a Saskatchewan hospital. 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 stretcher service, to and from hospital or between hospitals, are covered to a lifetime maximum of $250 per person.

Medical Accommodation
Payment for the charges for medical accommodation from an approved provider if you require diagnostic testing or treatment at a hospital located outside a 60 km radius from your home. Prior authorization is recommended.

General Exclusions
See Page 7.

Extended Health Benefits

Eligible expenses are the Reasonable and Customary 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 **(90% of eligible prescription drugs purchased at Costco or Express Scripts Canada)**:

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.

Compression Garments
Charges for the purchase of compression garments when prescribed by the attending physician or nurse practitioner for treatment of a diagnosed illness or injury. The minimum compression value must be 20 mmHg.

Family Building
Charges for:

- fertility treatments provided in Canada by a licensed fertility clinic or hospital;
- fertility-related freezing and storage procedures; and
- eligible adoption expenses (may be incurred outside Canada). A copy of the adoption agreement must be submitted with your first claim.

A combined lifetime maximum of $5,000 per person applies to fertility treatment and adoption expenses under this benefit.

Fertility drugs are covered under the **Prescription Drug** benefit. Please refer to that section for additional coverage details.

Pre-approval is required before expenses are incurred.

Gender Affirming
Charges for the treatment of a participant 18 years or older with a diagnosed gender dysphoria when prescribed by a Physician, Nurse Practitioner or Clinical Psychologist, to a lifetime maximum of $25,000 per person:

- healthcare services or supplies, not covered by provincial health;
- hair removal or restoration that assist with an individual's gender transition;
- medications not covered under prescription drug plan.

This coverage excludes expenses relating to:

- services, procedures, or products not medically necessary for the treatment of gender dysphoria;
- services or procedures obtained or performed outside of Canada;
- surgeries, procedures, or treatments related to infertility.

Pre-approval from Blue Cross for this benefit is recommended; otherwise it may be ineligible for payment in whole or in part.

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 during any 3 consecutive year period. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

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

- a wheelchair, hospital bed, oxygen equipment or respirator when prescribed by the attending physician, nurse practitioner, occupational therapist or physiotherapist to a maximum of $1,000 per item per person during any 5 consecutive year period.
- Continuous Positive Airway Pressure (CPAP) equipment when prescribed by a physician or nurse practitioner to a maximum of $1,000 per person during any 5 consecutive year period.

- insulin pumps when prescribed by a physician or nurse practitioner to a maximum of $5,000 per person during any 5 consecutive year period.
- walkers when prescribed by the attending physician, nurse practitioner, occupational therapist or physiotherapist.
- 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 ostomy and incontinence supplies, 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
To be eligible under this benefit, you must ensure the practitioner is deemed an eligible provider by Manitoba Blue Cross. If their qualifications do not meet the criteria established by Manitoba Blue Cross and services provided have been deemed ineligible, no payment will be made.

These services are subject to per visit maximums (reasonable and customary charges) – specific maximums can be found at https://mpsebp.ca/pervisitmaximums/.

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

- acupuncturist
- athletic therapist/chiropractor/physiotherapist (combined calendar year maximum)
- clinical psychologist/social worker/psychotherapist/clinical counsellor/marriage or family therapist (combined calendar year maximum)
- podiatrist/certified foot care nurse (combined calendar year maximum)
- registered dietician

Prescription Drugs BLUENET

The prescription drug benefit is limited to maximum of $1,000 per person per calendar year. The annual maximum payable will be governed by the amount of the deductible of Pharmacare or any other government sponsored program.

This benefit covers prescribed eligible drugs that appear on the formulary listed below:

- Managed Formulary: a list of clinically effective prescription drugs eligible with Manitoba Pharmacare used in the diagnosis and treatment of most medical conditions based on current, evidence-based medicine and judgment of physicians, pharmacists and other experts. Blue Cross may, on an ongoing basis, add, delete or amend its list of eligible drugs.

This benefit also covers the expenses listed below:

- diabetic supplies, including test strips, lancets, needles, syringes and insulin pump supplies.
- fertility drugs to a lifetime maximum of $10,000 per person.
- flash glucose monitoring system including one reader per person every 36 months and sensors to a maximum of $4,000 per person per calendar year.*

- continuous glucose monitoring system including one receiver per person every 60 months, sensors and transmitters to a combined maximum of $4,000 per person per calendar year.*
- vaccines.
- preparations and compounds if the main ingredient is an eligible drug listed in the above formulary.

*To be eligible, the person must meet the criteria set by the Manitoba Pharmacare program.

An eligible drug is:
- approved by Health Canada;
- assigned a drug identification number (DIN) in Canada;
- prescribed by a physician or nurse practitioner who is licensed to prescribe under applicable provincial legislation;
- approved by Blue Cross as an eligible expense; and
- dispensed by a provider that is a licensed retail pharmacy or another provider that is approved by Blue Cross.

Blue Cross may determine that certain eligible drugs are subject to special authorization and/or coordination with patient assistance programs.

Blue Cross will reimburse to the lowest ingredient cost interchangeable drug. You may request a higher cost interchangeable drug; however, you will be responsible for paying the difference in cost between the interchangeable drugs. If the physician indicates the prescribed interchangeable drug cannot be substituted, Blue Cross will reimburse the cost of the prescribed interchangeable drug.

An interchangeable drug is an eligible drug that can be substituted for another eligible drug as both drugs are considered pharmaceutical equivalents by Health Canada, contain the same active ingredients and have the same route of administration.

You will be notified to register with Pharmacare when your incurred costs for drugs or medicines have reached $1,000 per family (or certificate) 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 certificate) 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.

Preferred Pharmacy

The Manitoba Public School Employees Benefits Trust has a preferred pharmacy arrangement. If you purchase eligible medications at either Costco or Express Scripts Canada (ESC), you will be reimbursed at 90% of the cost instead of 80%. Prescriptions are conveniently delivered to your home, or an address you choose, at no additional cost (some restrictions apply).

Costco Pharmacy can be used for your short-term prescriptions. A Costco membership is not required to use their pharmacy.

ESC is intended for long-term prescriptions, such as maintenance drugs used to treat chronic conditions. ESC manages refills and prescription transfers. Pharmacists are on call 24/7. To sign up for ESC go to https://pharmacy.express-scripts.ca/MPSE (VIP code: MPSE), or call 1.855.550.6337. You will need your ID card and the prescription information of any maintenance medications you are taking.

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

Travel Health Care

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

General Exclusions

See Page 7.

General Exclusions

Manitoba Blue Cross will not pay for the following:

- Any hospital room charges unless provided for under the Travel Health Care.
- 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 and supplies for cosmetic purposes.
- Services related to the treatment of Temporo-Mandibular Joint Dysfunction.
- 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.
- Dental implants.
- Expenses for services or 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.
- Expenses associated with the following categories of drugs or services:
  - drugs or medicines in excess of a 100-day supply;
  - over the counter medications;
  - varicose vein injections;
  - smoking cessation aids;
  - vitamins;
  - treatments for weight loss, proteins and food or dietary supplements;
  - natural health products including homeopathic products, herbal medicines, traditional medicines, nutritional and dietary supplements;
  - sexual dysfunction treatments; or
  - all forms of cannabis.

Claiming Benefits

Claim forms for the following benefits are available online at:

www.mpsebp.ca or 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. Every action or proceeding against an insurer (i.e. the Company) 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 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 health claim form and include itemized receipts and required documentation i.e.: doctors prescription, referral, provincial plan statement.

Prescription Drugs BLUENET

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 certificate 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 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.

If you purchase eligible medications at either Costco or Express Scripts Canada (ESC), prescriptions are conveniently delivered to your home or an address you choose at no additional cost (some restrictions apply). A Costco membership is not required to use their pharmacy. To sign up for ESC go to https://pharmacy.express-scripts.ca/MPSE (VIP code: MPSE), or call 1.855.550.6337

Before mailing your claim, please ensure that you have:

1) identified yourself with your client and certificate number (shown on your identification card), and
2) signed the claim form.

Travel Health Benefits

All travel-related claims can be submitted to CanAssistance through the secure upload feature on their website at canassistance.com or by mail to:

CanAssistance Travel Claims
PO BOX 3888, Station B
Montreal (QC) H3B 3L7

In the event of a claim, you will have to provide proof of departure and return date (airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof).

CanAssistance travel forms for Manitoba Blue Cross members are located on the Manitoba Blue Cross website.

Should you have any questions about your claim, you should contact CanAssistance at 1.866.601.2583 (toll free).

Your travel health coverage will be eligible for direct billing with physicians, hospitals and clinics across the U.S. who are a part of the CanAssistance network. This means if you are eligible and the service is deemed to be covered, medical expenses will be processed immediately. You won't have to pay medical fees upfront and wait for reimbursement. You will only have to submit and sign the claim form and pay for other fees incurred (e.g., prescription medication).

How direct billing in the U.S. works:

1) Before seeking treatment, contact CanAssistance at 1.866.601.2583 (toll free) or 204.775.2583 (collect – country code may be required). These numbers are also located on the back of the Manitoba Blue Cross ID Card.
2) A CanAssistance representative will confirm your coverage for emergency medical care.
3) The representative will refer you to a medical facility that is as close as possible to your location, and they will email you an ID card to present upon arrival. They will also forward an authorization of service form to the facility. Either of these documents will exempt you from having to pay upfront for medical care or from having to make a deposit.
4) Following treatment, CanAssistance will review the specific details of the claim and, provided there are no exclusions in place specific to the treatment, payment will be made directly to the medical facility.

Coordination of Benefits

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 certificate 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 my BlueCross® to access all of your plan information anytime, anywhere.

Get Quick Access to:

My Claims:

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

My Coverage:

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

My Account:

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

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

How to Register:

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

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

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

Direct Deposit

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

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

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

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

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

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

Changes in Status

Reporting Changes

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

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

Births

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

Divorce

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

Termination of Coverage

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

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

Note: To protect the viability of these plans, if you leave the health plan once enrolled, you will not be permitted to rejoin the plan at a later date.

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 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 a temporary ID card. A message will automatically be sent to Manitoba 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

Your benefits program is provided directly by the Manitoba Public School Employees Benefits Trust, which retains the sole responsibility of funding claims.

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

Manitoba Blue Cross provides reimbursement of eligible expenses (either directly to you or to the service provider) in accordance with the Client 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.

We're here for you.

ONLINE

www.mb.bluecross.ca

Coverage information, claims history and online claim submission through mybluecross®

24 hours a day

IN PERSON

Customer Service Centre

599 Empress Street

9:00 a.m. – 4:00 p.m.

Monday through Friday

Claims Drop Box

24 hours a day

BY PHONE

204.775.0151 (within Winnipeg)

1.888.596.1032 (toll-free)

8:00 a.m. - 5:30 p.m.

Monday through Friday

BY MAIL

Manitoba Blue Cross

PO Box 1046 Stn Main

Winnipeg MB R3C 2X7

BY FAX

204.772.1231 (Claims only)

24 hours a day

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