THECOLOUROFCARING

THE CITY OF WINNIPEG COUNCILORS
- EXECUTIVE ASSISTANTS
ALL EMPLOYEES

BLUE CROSS®

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Introduction

Welcome!

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

The information contained in this booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits program are described in the Group Policy/ Agreement held by your employer.

In the event of any difference between the terms in the book and those of the Group Policy/ Agreement, the terms of the Group Policy/Agreement shall prevail.

Where legislated, you have the right to request copies 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 Policy/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 or:

Corporate Privacy Officer
Manitoba Blue Cross
599 Empress Street
Winnipeg MB R3G 3P3

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!

Group Number - 41282

Waiting Period - 6 months; coverage is effective the first day following this period.

Issued - January 2013

Schedule of Benefits

(Underwritten by Blue Cross Life Insurance Company of Canada)

Group Life Insurance

Class A - All Employees - 1 times annual earnings.

- all amounts of insurance are rounded up to the next higher $1,000 amount.
- benefit reduces 50% at age 65.
- coverage terminates at the earlier of retirement or age 70.
- maximum issue limit - $250,000
- non-evidence limit - $100,000

Accidental Death and Dismemberment Benefits

The principal amount is equal to the amount of Group Life Insurance.

- benefit reduces 50% at age 65.
- coverage terminates at the earlier of retirement or age 70.

Optional Group Life Insurance

If you are covered by Basic Group Life Insurance, you and your spouse may purchase additional life insurance in units of $10,000 to a maximum of $250,000 per insured. The combined Basic and Optional Group Life Insurance benefit cannot exceed $1,150,000.

- evidence of insurability is required for all amounts of optional life insurance.
- coverage terminates at the earlier of retirement or age 65.

All benefits described in this booklet are available to employees of the Group, subject to application by the employee and underwriting approval.

Schedule of Benefits

(Underwritten by Manitoba Blue Cross)

Ambulance/Hospital Semi-Private Benefits

No deductible.
100% reimbursement of eligible expenses.

Extended Health Benefits

No deductible.
80% reimbursement of eligible expenses.
No overall benefit maximum.

Vision Care Benefits

No deductible.
100% reimbursement of eligible expenses.
Maximum benefit of $250 per person every 24 months.

Travel Health Benefits

No deductible.
100% reimbursement of eligible expenses.
Includes International Travel Assistance.
Travel benefits terminate at age 70.

NOTE: Employees age 70 and over are entitled to $2,500 Travel Benefits. Additional coverage for U.S. or international travel is recommended. (See Extended Health Benefits.)

Dental Benefits

No deductible.
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. Your plan provides dental benefits to a maximum of $1,500 per person per calendar year.

Basic Services
100% reimbursement of eligible expenses.

Major Services
100% reimbursement of eligible expenses.

Orthodontic Services
100% reimbursement 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.

General Provisions

Eligible Employees

You are eligible to enroll for benefits if you are a permanent employee actively working at least 20 hours per week and have completed the waiting period shown on page 1.

To be eligible for Health benefits you must be registered with your respective Provincial Health Care Plan.

You must elect coverage by completing and submitting an application within 31 days of becoming eligible following the waiting period.

a) Life benefits are effective on the later of the date of eligibility or the date that application is made for group benefits provided you are actively at work on the effective date. If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a full-time basis.
b) Health/Dental benefits commence on your eligibility date (upon completion of the required waiting period shown on page 1 or the effective date of the group plan).

Eligible Dependents

Dependents are defined as your spouse (as described below), and unmarried, unemployed dependent children including natural, adopted or step-children. Children of a common-law spouse may be covered if they are living with you.

The term "spouse" means the person who is legally married to you, or has continuously resided with you for not less than one full year having been represented as members of a conjugal relationship. At no time will Blue Cross provide coverage for more than one spouse.

Dependent children are eligible for benefits if they are less than 21 years of age or; if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college or university on a full-time basis.

Unmarried, unemployed children over 21 years of age qualify if they are dependent on you by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who become totally disabled while attending an accredited educational institution, college or university on a full-time basis prior to the age of 26 and have been continuously so disabled since that time also qualify as a dependent.

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health on the dependents may have to be submitted and approved before coverage begins.

Evidence of Health

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested for you and your dependents, if any, before benefits commence.

Certain other situations may require the submission of evidence of health before coverage will be approved. These could include benefits in excess of the non-evidence limits, which are indicated in the Schedule of Benefits if applicable, and late reporting of salary changes where benefits are related to earnings. The cost of obtaining evidence of health shall be paid by Blue Cross if you or your dependents apply for coverage within 31 days of becoming eligible.

Termination of Insurance

Coverage for you and your dependents will cease on the earliest of:

- the date you terminate employment.
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc.
- the termination date of the Group Contract.

Reporting Changes

You must notify your Benefits Administrator and Blue Cross within 31 days of change in your own or your dependents' status resulting from marriage, separation, termination of a conjugal relationship, divorce, death, change of residence, birth or legal adoption.

Survivor Benefit

In the event of death, your spouse and dependents (as defined) will remain eligible for the health and dental benefits of the plan, without payment of subscriptions, until the earliest of:

a) the date of termination of the Group Agreement.
b) the end of 24 months from the first day of the month following the date of the employee's death.
c) the effective date of similar benefits obtained elsewhere.
d) the date dependent eligibility would normally cease as defined above.
e) the date of remarriage of the spouse (dependents would continue to be eligible subject to a) to d) above).

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 Customer E-Service 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.

Basic and Optional Group Life Insurance Employee and Spouse

Death Benefit

The death benefit provides for payment of the amount shown in the Schedule of Benefits to your designated beneficiary.

Optional Life Insurance

Optional Life Insurance benefits are payable to you, if living, otherwise to your designated beneficiary.

Terminal Illness

A special advance payment may be provided if you are suffering from a condition which is expected to result in death within 12 months of your request for such payment. The payment must be requested in writing and will be the lessor of $50,000 or 50% of your group Basic Life coverage.

Waiver of Premium

If you become totally disabled prior to your 65th birthday, and remain disabled for a period of 6 months, insurance coverage is continued without payment of premium from the first of the month following the date of disability, provided that proof of total and continuous disability is submitted as required. Blue Cross defines total disability as a state of continuous incapacity, resulting from illness or injury which wholly prevents you from performing the regular duties of any occupation for which you would earn 60% or more of your pre-disability earnings and for which you are reasonably qualified, or may so become, by training or experience.

Regular duties are defined as those work related activities which are considered essential to the performance of your occupation and which proportionately take the majority of time to complete.

The availability of such occupations, jobs or work will not be considered while assessing your disability.

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

However, if you are entitled to receive any Long Term Disability benefits under this plan, you will be considered to be totally disabled for the waiver of premium benefit.

In the event you recover from a total disability and become disabled again due to the same or related cause, the second period of disability will be considered a continuation of the first disability; unless, the periods of disability are separated by an interval of at least 6 months during which you returned to work on a permanent basis.

If a period of total disability is considered to be a continuation of a previous total disability, then premiums will be waived without the application of another 6 months of total disability.

Extension of Insurance

In the event of your death within 31 days following termination of employment, the Group Life Insurance benefit will be paid to your designated beneficiary provided that any Individual Policy issued under the conversion privilege is surrendered.

Conversion Privilege

If you terminate employment prior to your 65th birthday, you may convert to an individual Policy issued by Blue Cross, without evidence of insurability. Written application must be made and the required premium submitted during the 31 day period immediately following the date of termination.

If your Group Life Insurance coverage ceases on or before attaining age 65 because of retirement, termination of employment or termination of membership in a class of employees eligible for insurance under this plan, then you may purchase Individual life insurance in an amount not to exceed the lesser of:

- the total amount of Group Life Insurance and Optional Group Life Insurance for which you were covered in the group plan on the termination date, or
- $200,000 or the maximum amount prescribed by applicable provincial legislation.

This conversion option also applies to scheduled reductions or termination of coverage which become effective at specified ages.

If the Life Insurance on your dependent under this benefit terminates because:

(a) of your death, or
(b) of the termination of your Group Life Insurance for any reason which entitles you to convert this life insurance, or
(c) the dependent ceases to be an eligible dependent,

then your dependent may apply to have their coverage converted to an Individual Life Insurance policy from Blue Cross in an amount not to exceed the amount of Optional Group Life Insurance on your dependent which terminated.

Limitation of Insurance

In the event of the death of an insured person by suicide, while sane or insane, the payment to be made with respect to any amount of Optional Insurance, which has been in force less than 2 consecutive years during the insured person's lifetime, shall be limited to the return of premiums. This limitation is applicable to Optional Life Insurance on you and your spouse.

Termination of Insurance

All Group Life Insurance will terminate on the earliest of:

(a) the date that you cease to be eligible for Group Life Insurance under this policy, or
(b) the date of termination of this provision, or
(c) the day on which you attain the age limit specified in the Schedule of Benefits, or
(d) the end of the grace period for which any premium has not been paid in full.

The Optional Group Life Insurance on your dependent will cease on the date the dependent ceases to be an eligible dependent or the day on which the dependent attains age 65.

Accidental Death and Dismemberment Benefits

In the event of loss, occurring within 365 days after the date of injury, the amount payable shall be the following percentage of the principal amount for which you are insured on the date of the injury. The principal amount of the benefits is defined in the Schedule of Benefits. The maximum amount payable for all losses sustained as a result of the same accident shall not exceed 100% of the amount of insurance with the exception of Quadriplegia, Paraplegia and Hemiplegia which will be paid at 200%. Only one amount, the largest applicable, will be payable for injuries to the same limb resulting from any one accident:

- Loss of life	100%
- Loss of or loss of use of both hands or both feet	100%
- Loss of or loss of use of one hand and one foot	100%
- Loss of the entire sight of both eyes	100%
- Loss of one hand and the entire sight of one eye	100%
- Loss of one foot and the entire sight of one eye	100%
- Loss of or loss of use of both arms or both legs	100%
- Loss of or loss of use of one arm and one leg	100%
- Loss of speech and hearing	100%
- Quadriplegia	200%
- Paraplegia	200%
- Hemiplegia	200%
- Loss of or loss of use of one arm or one leg	75%
- Loss of or loss of use of one hand or one foot	66 2/3%
- Loss of the entire sight of one eye	66 2/3%
- Loss of speech or hearing	50%
- Loss of thumb and index finger on the same hand	33 1/3%
- Loss of four fingers on the same hand	33 1/3%
- Loss of hearing in one ear	16 2/3%
- Loss of all the toes on one foot	12 1/2%

Exposure - a loss caused by unavoidable exposure to the elements is covered.

Disappearance - caused by accidental wrecking, sinking or disappearance of a conveyance is considered to be loss of life.

Coma Benefit - 1% of the principal amount payable monthly, following 31 consecutive days of complete and total unconsciousness caused by accidental injury.

Repatriation - $7,500 maximum reimbursement of burial expenses when death occurs more than 150 kilometers from the deceased's residence.

Rehabilitation - $5,000 maximum reimbursement of special training expenses for you.

Occupational Training for Spouse - $5,000 maximum reimbursement for a formal training program.

Education Benefit - the lesser of 5% of your principal sum, or $5,000, for each of five years for post-secondary education for eligible dependent children.

Family Travel - $1,500 maximum reimbursement for family members to attend the hospital of your confinement if confinement is more than 150 kilometers from your residence.

The term "loss" is defined in the Group Contract.

Exclusions and Limitations

No benefit will be payable if disability, illness, injury or accident occurs while participating in or while engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.

Also, no benefit will be payable in respect of any loss caused directly or indirectly, wholly or in part by one or more of the following:

1) intentionally self-inflicted injuries, committing suicide or attempting suicide, while sane or insane.
2) insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot or civil commotion.
3) any accident or injury occurring while operating a motor vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the accident occurred. (Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile or boat.)
4) illness or disease of any kind, or medical or surgical treatment thereof, other than septic infection caused through a wound accidentally sustained.
5) travel or flight in or descent from any kind of aircraft if the insured person:
   - is a member of the aircraft crew, or
   - has any duties relating to the operation, maintenance, testing or control of the aircraft, or
   - is on the aircraft for the purpose of instruction or training.

Reduction Schedule

The reduction schedule coincides with that of the Basic Group Life Plan.

Aggregate Benefit

Benefits for the following are limited in the aggregate should the employee be insured under a Voluntary or Optional Accidental Death and Dismemberment provision of the policy:

Repatriation - aggregate of $7,500
Rehabilitation - aggregate of $5,000
Occupational Training for Spouse - aggregate of $5,000
Education Benefit - aggregate of $5,000
Family Travel - aggregate of $1,500

Termination of Insurance

Accidental Death and Dismemberment Insurance will terminate on the earlier of:

(a) the date you cease to be eligible for Group Life Insurance, or
(b) the date of termination of this provision, or
(c) the earlier of retirement or the day on which you attain the termination age specified in the Schedule of Benefits, or
(d) the date you cease to pay the premium for this coverage.

Waiver of Premium

If a claim is approved under the Basic Group Life Plan for total disability, the Basic and Optional Accidental Death and Dismemberment benefits shall continue for the same period without further payment of premium. Termination of the master contract, however, will also cause the waiver of premium to be terminated.

Conversion Option

If your Basic Accidental Death and Dismemberment Insurance coverage ceases on or before attaining 65 years of age because of retirement, termination of employment or termination of membership in the class of employees eligible for insurance under this plan, then you may purchase an individual Accidental Death and Dismemberment policy of the type then being offered by Blue Cross in an amount not to exceed $200,000.

This conversion option also applies to scheduled reductions or terminations of coverage which become effective at specified ages.

Ambulance/Hospital Benefits

You will be reimbursed 100% of eligible expenses.

Summary of Benefits

- **Ambulance Benefits**
  Payment of reasonable and customary charges for ambulance services provided within your province of residence, and payment of up to $250 per trip (based on provincial rates) for ambulance services provided elsewhere.

  This includes not only local ambulance services to and from hospital but also long distance ambulance trips for which additional mileage charges are made.

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

  All "emergency" ambulance trips are covered, and "non-emergency" trips are covered on the prior recommendation of an attending physician if the patient is non-ambulatory (can't walk) and cannot be transported by any means other than ambulance.

  Air ambulance allowances will be paid up to the amount equivalent had the services been provided by ground ambulance.
- **Hospital Benefits**
  Payment for the charges of a semi-private room in a hospital in your province of residence if the hospital does not normally provide the semi-private room without charge to any patient. Comparable payments towards the cost of semi-private room charges by hospitals elsewhere in Canada.
- **Hostel Accommodation**
  Payment of the reasonable and customary per diem charge for hostel accommodation if you require diagnostic testing or treatment, on the recommendation of a physician, at a hospital located more than 60 km from your home, and you are placed in a recognized medical hostel associated with the hospital.
- **Stretcher Service (Medical Van)**
  Charges for "non-emergency" transport by a participating stretcher service are covered up to a lifetime maximum of $250 per person.

Exclusions and Limitations

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

See also General Exclusions.

Extended Health Benefits

You will be reimbursed 80% of the following eligible expenses.

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.
- **Acupuncture**
  Charges for the services of an acupuncturist to a maximum of $350 per person per calendar year.
- **Athletic Therapy**
  Charges for the services of an athletic therapist to a maximum of $100 per person per calendar year.
- **Audiologist**
  Charges for the services of an audiologist to a maximum of $350 per person per calendar year.
- **Cardiac Rehabilitation**
  A lifetime maximum of $300 for patients with diagnosed cardiac disease requiring the services of a recognized cardiac rehabilitation program when prescribed by the attending physician.
- **Chiropractor**
  Charges for the services of a chiropractor to a maximum of $350 per person per calendar year.
- **Clinical Psychology**
  Charges for the services of a clinical psychologist to a maximum of $350 per person per calendar year.
- **Drugs**
  Formulary Drugs
  For Manitoba Residents
  Charges for drugs or medicines that are eligible with Manitoba Pharmacare, prescribed by a physician 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 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.
- **Eye Examinations**
  Charges for the cost of one eye examination per person during any 24 consecutive month period when rendered by a physician, ophthalmologist, or optometrist, provided that no portion of the cost of the examination is eligible for payment under any legislative plan. This benefit is subject to per visit fee guide maximums.
- **Foot Care**
  Charges for diagnosis and treatment by a podiatrist (foot doctor) and charges for services by a certified foot care nurse to a combined maximum of $350 per person per calendar year. This benefit is subject to per visit maximums.
- **Licensed Massage Therapist**
  Charges for the services of a licensed massage therapist when prescribed by a physician for treatment of a diagnosed illness or injury to a maximum of $350 per person per calendar year.

- **Medical Appliances**
  Charges for rental, purchase or repair of:
  - an iron lung when prescribed by the attending physician to a lifetime maximum of $1,000 per person.
  - a wheelchair, hospital bed, oxygen equipment or respirator when prescribed by the attending physician or occupational therapist to a lifetime maximum of $1,000 per item per person.
  - walkers when prescribed by the attending physician or occupational therapist.
  - other medical equipment when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist to a lifetime maximum of $250 per person.
- **Naturopath**
  Charges for the services of a naturopath to a maximum of $350 per person per calendar year.
- **Nutritional Counselling**
  Charges for the services of a registered dietitian when prescribed by a physician to a maximum of $350 per person per calendar year.
- **Orthopedic Shoes and Modification to Orthopedic Shoes**
  Charges for orthopedic shoes custom made from a mould, or stock shoes which are modified (excluding orthotics or insoles, removable or permanently affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality.

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

  A copy of a prescription from the attending physician or podiatrist is required which includes a medical diagnosis and detailed description of the orthopedic shoes and modification(s).

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

  Boots, sandals or sport specific footwear are not eligible.
- **Osteopath**
  Charges for the services of an osteopath to a maximum of $350 per person per calendar year.
- **Physiotherapy**
  Charges for the services of a physiotherapist for diagnosis and treatment to a maximum of $350 per person per calendar year. This benefit is subject to per visit maximums.
- **Private Duty Nursing**
  Charges for private duty nursing or home visits by a professional registered nurse (not a relative) either in the hospital or home when prescribed by the attending physician, to a maximum of $3,000 per person per calendar year. Visits to the home must be within 12 months following discharge from the hospital and the service must be consistent with the treatment for the condition for which the patient was hospitalized.
- **Prosthetic and Remedial Equipment**
  Charges for rental, purchase or repair of:
  - casts, canes and crutches.
  - artificial limbs and eyes when prescribed by the attending physician.
  - compression garments when prescribed by the attending physician.
  - breast prostheses and surgical bras when prescribed by the attending physician to a maximum of $100 per single mastectomy and $200 per double mastectomy per person per calendar year.
  - wigs or hairpieces when prescribed by the attending physician to a lifetime maximum of $1,000 per person.
  - splints, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist.
- **Speech Therapist**
  Charges for the services of a speech therapist to a maximum of $350 per person per calendar year.

- **Travel Health Care**
  If you are age 70 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 70, you and your eligible dependents also have UNLIMITED Travel Health coverage, see the Travel Health Plan in this booklet.

Exclusions and Limitations

Manitoba Blue Cross shall not pay for the following:

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

See also General Exclusions.

Vision Care Benefits

You will be reimbursed 100% of eligible eye 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 claimed.

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
- 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.
- Eye examinations are covered under Extended Health Benefits.

See also General Exclusions.

Travel Health Benefits

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

Summary of Benefits

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

- 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 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.
- Private duty nursing.
- Additional cost, if any, of the most direct return (economy) air travel from the place where you are hospitalized as an in-patient to your home city in Canada, including the cost of return economy air travel for a graduate professional nurse when 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 who is covered by a Blue Cross Travel Health Plan travelling with you at time of injury or onset of illness.
- Additional board and lodging expenses incurred beyond the original duration of your trip by a relative or friend also covered by a Blue Cross Travel Health Plan remaining with you during your hospitalization as an in-patient.
- 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 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 airfare via the most direct cost effective route.
- Physiotherapy provided in a hospital.
- Chiropractic and/or podiatrist services. A letter from the attending practitioner certifying that services were for acute care is required for claim submission.
- Prescription drugs.
- Repair or replacement of eyeglasses or contact lens or 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 costs 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, 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 per pet.

Exclusions and Limitations

The following are not eligible:

- Retired employees (including all dependents).
- Employees (including all dependents) travelling outside of Canada in excess of 90 days who are on disability leave due to accident or illness.
- Employees (including all dependents) travelling outside of Canada in excess of 90 days who are on sabbatical, paid and non-paid leave of absence, employee exchange or other such similar absence.
- Employees (or any surviving spouse) age 70 and over (including all dependents).
- 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.
- Employees not actively at work. Actively at work means an employee working at least 20 hours per week other than while on usual vacation and actively performing all of their duties at the regular place of business of their employer.
- 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

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 group and contract 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 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 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 covered person to obtain medical treatment.

Dental Benefits

Dental benefits are subject to a maximum of $1,500 per person per calendar year.

You will be reimbursed:

- 100% of eligible expenses for "Basic" dental services, and
- 100% of eligible expenses for "Major" dental services, and
- 100% 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 Manitoba Dental Association which is in effect at the time the services are provided.

Basic Services Covered

1. **Diagnostic:**
   - Complete examination, once every 3 calendar years.
   - Recall or oral examinations covered twice in each calendar year.
   - Periapical x-rays.
   - Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.
2. **Preventive:**
   - 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 $1,000.00 per person per calendar year. Treatment must commence within 90 days of the accident.
6. **Endodontics:**
   - The usual procedures required for pulpal therapy and root canal filling.
7. **Periodontics:**
   - The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.
8. **Oral surgery:**
   - Complicated surgical procedures performed in the dentist's office including post-operative care.
9. **Anesthesia:**
   - General anesthesia or nitrous oxide analgesia administered in the dentist's office.

Dental Benefits

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 6 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, 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 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 also General Exclusions.

General Exclusions

Blue Cross will not pay for the following:

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

Claiming Benefits

The following procedures should be followed in the event of a claim:

In reference to Group Life, or Accidental Death & Dismemberment claims, please obtain the necessary forms from your employer. Certain portions must be completed by your employer, the claimant and/or the attending physician. Once the claim forms are completed, they should be submitted to Manitoba Blue Cross for processing. Written notice of claim must be given to Manitoba Blue Cross within 31 days of loss.

Claim forms for the following benefits are available through your Human Resources Department 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/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

You have the option of submitting your claims online via Online Claims Submission in Customer E-Service 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. Your claims will be processed faster than submitting a paper claim and your 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 Customer E-Service. 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.

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

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

Extended Health Benefits

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

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 claim online via Online Claim Submission in Customer E-Service or by submitting a completed vision care 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 group and contract number (shown on your Identification Card).
2) signed the claim form.

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 (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

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 claim form to your dentist on the first appointment.

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.

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.

Coordination of Benefits

Coordination of benefits is available when both spouses in a family are regularly employed and have health and/or dental plans provided by their places of employment.

Under the "Coordination of Benefits" provision, you are entitled to claim benefits from both plans, as long as the total benefits received do not exceed the actual expenses incurred.

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

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

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

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

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

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

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

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

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

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

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

Customer E-Service

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

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

Quick Access to:

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

New to Customer E-Service

- **Online Claims Submission** - submit prescription drug and vision claims electronically from the comfort of your home.
- **My Good Health** - a new health resource site, is now available to all Manitoba Blue Cross plan members in Customer E-Service.

  My Good Health is full of information to get you on the road to better health. Here are some of the great things you can do at My Good Health:

  - Discover new prevention and treatment options
  - Learn the details of drugs prescribed to you
  - Find out more about natural products and remedies
  - Calculate your risks
  - Count calories
  - Test your health knowledge
  - Check your symptoms
  - Sign up for our new health e-newsletter
  - Access community support

More new features to come to Customer E-Service soon.
Visit our website to find out what's new today.

How to Register:

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

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

As with any web service, integrity and protection of information is very important to Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

For more information please call Manitoba Blue Cross at 204.775.0151 or toll free at 1.800.873.2583.