

# AMBULANCE, HOSPITAL, SEMI-PRIVATE PLAN

**Effective January 24, 2004**

*This information is a synopsis of the benefits provided under the Ambulance Hospital Semi-Private Plan. In the event of any difference between the terms of this synopsis and the terms of the Group Agreement the latter will prevail.*

*If you have any questions regarding the Group Agreement, please contact your Human Resource department or Manitoba Blue Cross.*

*In determining the basis of 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.*

## ELIGIBILITY

### Full-time Employees

- a. *Regular employees* upon completion of 6 months of calendar service from the date of employment.
- b. *Term employees* upon completion of 12 months of calendar service from the date of employment.
- c. *Departmental employees* upon completion of 12 months of calendar service within a period of 36 consecutive months.

### Part-time Employees

- a. *Regular employees* upon completion of 6 months of calendar service from the date of employment.
- b. *Term employees* upon completion of 12 months of calendar service from the date of employment.

The following **family members** are eligible for coverage:

- a. A legal or common-law spouse. To be eligible, a common-law spouse must be registered at the time of employment. Where registration does not occur at the time of employment there shall be a one-year waiting period from the date of registration.
- b. Natural, legally adopted children or step-children under 22 years of age, provided they are unmarried and unemployed.
- c. Children under 25 years of age who are full-time students at a specialized school, college or university.

- d. The age restriction does not apply to a physically or mentally incapacitated child who had this condition prior to the attainment of age 22.

## **COVERAGE**

The Ambulance and Hospital Semi-Private Plan shall pay for 100% of the eligible expenses listed below.

During the eligibility waiting period, employees may elect to purchase coverage through voluntary payroll deductions.

**Part-time employees** are eligible for **single coverage only** but may elect to increase their coverage to family by paying the difference between the family premium and single premium through voluntary payroll deductions.

## **ELIGIBLE EXPENSES & MAXIMUMS**

- a. **Semi-Private Accommodation** - full payment for any charge for a semi-private room in any Manitoba hospital 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 outside of Manitoba. There are no limits on the number of hospital confinements covered, the number of days in hospital or the total amount payable.
- b. **Emergency Ambulance Service** - the cost of such service is covered from where the accident or sickness occurs to the nearest hospital where appropriate treatment can be provided. the amount paid by the Blue Cross Plan shall be the amount deemed as reasonable and customary but in no case shall exceed the actual amount charged for the service.
- c. **Air Ambulance** is covered to the same extent as if the service was provided by ground ambulance. Out-of-Province Ambulance charges are covered to an annual maximum of \$250 in Canadian funds.
- d. **Non-Emergency Service** - the cost of such service shall be considered as an eligible expense provided that the patient has been transported by an ambulance to the nearest hospital where appropriate treatment could be provided, from hospital to hospital, or from hospital to home, and that such transportation was on the recommendation of a physician. Again, the amount paid by the Blue Cross Plan the amount deemed as reasonable and customary but in no case shall exceed the actual amount charged. Charges for "non-emergency" transport by a participating medical transfer service are also covered, up to a lifetime maximum of \$250 per person.
- e. If you require diagnostic testing or treatment, on the recommendation of a medical practitioner, at a Manitoba hospital located more than 60 km from

your home, and if you are placed in a recognized medical hostel associated with the hospital, the Blue Cross plan will pay the reasonable and customary per diem charge for such **hostel accommodation**.

### **TERMINATION OF COVERAGE**

Ambulance, Hospital, Semi-Private coverage ceases on the day in which employment with the Government of Manitoba is terminated.

Coverage can be maintained during periods of approved leaves by prepayment of premiums. An employee who elects to prepay Ambulance, Hospital, Semi-Private premiums must also prepay Extended Health Benefits and Travel Plan premiums if applicable.

There is a two-year limit on pre-payment of Ambulance, Hospital, Semi-Private, Extended Health Benefits and Travel Plan premiums unless the employee is on Long Term Disability in which case there is no limit.

Employees on Maternity Leave (Plan A or Plan B) or Adoptive Leave will continue to be eligible for Ambulance, Hospital, Semi-Private Plan benefits for the first seventeen (17) weeks of leave.

### **REINSTATEMENT**

Where an employee who has elected to not prepay premiums, returns from a leave without pay or educational leave without pay, the employee is eligible for Ambulance, Hospital, Semi-Private coverage on the first day of the bi-weekly pay period following the date of return to work.

### **HOW TO MAKE A CLAIM**

If you receive ambulance or semi-private hospital service in Manitoba, present your Blue Cross identification certificate to the provider of the service. Your certificate will work like a credit card and Blue Cross will receive the bill directly. On the other hand, if you pay for the services received, submit the receipts to Blue Cross.

## **STATEMENT OF BENEFITS**

Upon receipt of your claim form, the Manitoba Blue Cross will process the claim in accordance with the Plan benefits.

You will receive a "Statement of Benefits" from Manitoba Blue Cross which will indicate how the payment was calculated.

## **CHANGE IN STATUS**

In order to ensure proper coverage please notify your Human Resource department immediately of any changes in marital or dependent status or change of residence.