

Manitoba Government Employees Ambulance, Hospital, Semi-Private Plan

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 based on 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

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.

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.

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 hospital room charges if the admission date is prior to the effective date of your coverage.
- 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.

General Exclusions

Manitoba Blue Cross will not pay for the following:

1. Any services or supplies received unless the person is covered by the government health plan in their home province.
2. 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.
3. Services or supplies not listed as covered expenses.
4. Services related to the treatment of Temporo-Mandibular Joint dysfunction.
5. Services and supplies for cosmetic purposes.
6. Charges for completing claim forms or missed appointments.
7. Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
8. Charges for services provided prior to the effective date of coverage.

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.

Survivor Coverage

Survivor coverage applies to Ambulance, Hospital, Semi-Private Plan only when premiums are paid by the employee.

In the event of death of the employee, the spouse and dependents shall continue to be eligible for the defined Plan benefits, without payment of subscriptions, until the earliest of:

- a) date of termination of the Group Agreement.
- b) the end of twenty-four (24) months following the date of the employee's death.
- c) effective date of similar benefits obtained elsewhere.
- d) date that Dependent eligibility would normally cease as defined in the Group Agreement.
- e) date of remarriage of Spouse [Dependents continue to be eligible subject to the terms of a) to d) above].

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.