

Manitoba Government Employees Prescription Drug Plan

This information is a synopsis of the benefits provided under the Prescription Drug Plan. In the event of any difference between the terms of this synopsis and the terms of the Group Agreement the latter will prevail.

Coverage and eligibility may differ from bargaining group to bargaining group. If you are uncertain of your eligibility and / or coverage limits or if you have any questions regarding the Group Agreement, please contact your Pay & Benefits Administrator or Manitoba Blue Cross before undertaking treatment.

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 an accredited educational institution, 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 Drug Plan shall pay for eligible drug expenses as follows:

Full Time Employees - 80% of eligible expenses.

Part-time Employees - 80% of eligible expenses

Maximums

Eligible drug expenses are limited to a maximum per certificate (i.e. per family unit) per calendar year as follow.

- a) **\$900** for full-time employees, and
- b) **\$540** for part-time employees.

Eligible Expenses

1. **Managed Formulary:** a list of clinically effective prescription drugs 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.
2. Diabetic supplies, including test strips, lancets, needles, syringes and insulin pump supplies.
3. Preparations and compounds if the main ingredient is an eligible drug listed in the above formulary.

A drug is considered eligible when:

- 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.

Exclusions and Limitations

Manitoba Blue Cross shall not pay for the following:

1. 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.
2. Expenses associated with the following categories of drugs or services:
3. drugs or medicines more than a 100-day supply.
4. over the counter medications.
5. varicose vein injections.
6. smoking cessation aids.
7. vaccines.
8. vitamins.
9. treatments for weight loss, proteins and food or dietary supplements.
10. natural health products including homeopathic products, herbal medicines, traditional medicines,
11. nutritional and dietary supplements.
12. fertility treatments.
13. sexual dysfunction treatments; or
14. all forms of cannabis.

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

Prescription Drug Plan coverage ceases on the date in which employment with the Government of Manitoba is terminated.

Seasonal employees, subject to lay-off, are covered for 30 days after lay-off date.

Employees on an apprenticeship program continue to be eligible for Prescription Drug Plan benefits.

Employees on Maternity Leave (Plan A or Plan B) or Adoptive Leave will continue to be eligible for Prescription Drug Plan benefits for the first seventeen (17) weeks of leave.

Reinstatement

An employee who returns to work following a leave without pay, educational leave without pay or within 12 months of the date the employee was laid-off is eligible for Prescription Drug Plan benefits effective on the date of return to work.

How To Make a Claim

If your bargaining group participates in 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 contract 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 bargaining group or 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.

Claim forms are available through your Pay & Benefits Consultant or on our website at: [Click here for a printable claim form](#)

Claim forms are also available at Manitoba BlueCross [website](#).

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

NOTE: Claims for benefits listed 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.

Claims submitted for payment more than 2 years after the date of purchase will not be accepted.

Coordination of Employee/Spouse Plans

Coordination of benefits is available if both spouses in a family are regularly employed and have prescription drug coverage 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 the other 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 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 and as follows.

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.

Where an employee and spouse both work for the Province of Manitoba, or any Government Agency, Commission or Board, and are covered simultaneously by this Plan, payment of benefits shall be coordinated and/or reduced to the extent that benefits payable from all Plans shall not exceed 100% of the actual incurred expenses.

Changes in Status

In order to ensure proper coverage please notify your Pay & Benefits administrator immediately of any changes in marital or dependent status or change of residence.