Manitoba Government Employees
Extended Health Plan

This information is a synopsis of the benefits provided under the Extended Health Benefits 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 of 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 and Part-time Employees

(a) Regular, Term or Departmental employees:

i. If registration occurs at the time of employment, an employee is eligible for coverage on the first day of the pay period following the date of employment.

ii. If registration does not occur at the time of employment a waiting period of 6 months from the date of application must be served.

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 stepchildren 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.

An employee must register according to their **true family status**, listing all eligible dependants. Once enrolled in the program an employee will not be permitted to opt out while still employed, except in the event of recently obtained duplicate coverage.

Coverage

You will be reimbursed 80% of eligible expenses. Eligible expenses are the usual, customary, and reasonable charges for the following services and supplies required for the treatment of illness or injury.

Eligible Expenses & Maximums

a) 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.

b) **Athletic Therapist -** Charges for the services of an athletic therapist when prescribed by a physician or nurse practitioner to a maximum of $100 per person per calendar year.

c) **Audiologist -** Charges for the services of an audiologist to a maximum of $350 per person per calendar year.

d) **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.

e) **Chiropractor -** Charges for the services of a chiropractor to a maximum of $350 per person per calendar year.

f) **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 20mmHg and higher.

g) **Foot Care -** Charges for diagnosis and treatment (excluding x-rays) 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.

h) **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 5 consecutive year period. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

i) **Licensed Massage Therapist -** Charges for the services of a licensed massage therapist to a maximum of $350 per person per calendar year.

j) **Medical Appliances -** When prescribed by a physician or nurse practitioner charges for rental, purchase repair of:

   i. wheelchair, hospital bed, oxygen equipment or respirator to a lifetime maximum of $1,000 per item per person.
   ii. walkers.
   iii. other medical equipment to a lifetime maximum of $250 per person.

k) **Mental Health Practitioners -** Charges for the services of a clinical psychologist, social worker and counsellor to a combined maximum of $350 per person per calendar year.

l) **Naturopath** - Charges for the services of a naturopath to a maximum of $350 per person per calendar year.

m) **Nutritional Counselling** - Charges for the services of a registered dietitian when prescribed by a physician or nurse practitioner to a maximum of $350 per person per calendar year.

n) **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.

Payment is limited to one pair per person per calendar year. Boots, sandals or sport specific footwear are not eligible.

o) **Orthotics -** Charges for the cost of foot orthotics when prescribed by the attending physician, nurse practitioner, occupational therapist, physiotherapist or podiatrist to a maximum of $200 per person per calendar year.

p) **Osteopath** - Charges for the services of an osteopath to a maximum of $350 per person per calendar year.

q) **Physiotherapist** - Charges for the services of a physiotherapist for diagnosis and treatment (excluding x-rays) to a maximum of $350 per person per calendar year.

r) **Private Duty Nursing** - Charges for private duty nursing or home visits by a professional registered nurse (not a relative) in either the hospital or home when prescribed by the attending physician or nurse practitioner, 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.

s) **Prosthetic and Remedial Equipment** - When prescribed by a physician or nurse practitioner charges for rental, purchase or repair of:

    i. Artificial limbs and eyes, splints, casts, canes, crutches, trusses, braces, lumbar-sacro supports, corsets,
    ii. Breast prostheses and surgical bras to a maximum of $100 per single mastectomy and $200 per double mastectomy per person per calendar year.
    iii. Wigs or hairpieces to a lifetime maximum of $1,000 per person.

t) **Speech-Language Pathologist -** Charges for the services of a speech-language pathologist to a maximum of $350 per person per calendar year.

u) 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 $10,000 per person per calendar year. **Additional coverage for U.S. or international travel is recommended.**

Exclusions and Limitations

Manitoba Blue Cross shall not pay for the following:

1. Payment of services made with a gift card.
2. Orthodontic services.
3. 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.

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

Extended Health Benefits 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 Extended Health Benefits must also prepay Ambulance, Hospital, Semi-Private premiums and Travel Plan premiums if applicable.

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

Survivor Coverage

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 becomes eligible for Extended Health Benefit Plan coverage on the first day of the bi-weekly pay period following the date of return to work.

How To Make a Claim

a) You are required to pay for the services provided under this plan and then submit a claim to Manitoba Blue Cross for reimbursement. To help reduce administrative expenses, receipts for small claims should be accumulated until they total at least $25. If less than $25, submit at the end of the calendar year.
b) Print a copy of Extended Health Plan Claim Form. Click here for a printable claim form.
c) Complete the subscriber parts of the form. Be sure to provide all information or payment of your claim may be delayed.
d) All receipts (or bills) should be on the printed letterhead of the person providing the service and must show clearly:
    i. Name of patient
    ii. Description of service provided (prescription number for drug claims)
    iii. Date(s) of service provided.
e) A proper claim form must be used or a delay in payment may result. Claim forms must be properly completed or the claim will be returned. Claims must be submitted within 2 years of date of service.
f) Claims can also be submitted online through mybluecross®.

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

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.

Coordination of Employee/Spouse Plan

Coordination of benefits is available if 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 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 Blue Cross with a completed 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 co-ordinated 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.

If you are enrolled in the Extended Health Benefits Plan you are not permitted to opt out while still employed (except in the event of duplicate coverage)