

Manitoba Government Employees Vision Care Plan

This information is a synopsis of the benefits provided under the Vision Care 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 Vision Care Plan shall pay for eligible vision care expenses as follows:

Full Time Employees - 80% for eligible vision care expenses

Part-time Employees - 80% for eligible vision care expenses

Maximums

The maximum amount the plan will pay per eligible person during any 24 consecutive month period following the actual purchase date of the first Vision Care item or service claimed is:

- a) **\$375** for full-time employees, and
- b) **\$225** for part-time employees

Summary of Benefits

Eligible expenses include the cost of:

1. Eyeglasses (frames and/or lenses), replacement glasses and contact lenses when prescribed by a physician, ophthalmologist, or optometrist.
2. Repairs to existing glasses.
3. One eye examination per person during any 24 consecutive month period when rendered by a physician, ophthalmologist or optometrist. (Subject to per visit fee guide maximum.)
4. Laser eye surgery including costs for foldable lens implants when performed by an ophthalmologist or physician.
5. Eligible vision care expenses must be prescribed by a licensed physician, ophthalmologist, or optometrist.

Exclusions and Limitations

Blue Cross will not pay for the following:

1. Charges for fitting of eyeglasses.
2. Orthoptics, vision training, subnormal vision aids and aniseikonic lenses.
3. Non-corrective sunglasses, photo sensitive or anti-reflective lenses or clip-ons.
4. Lenses which do not require a prescription from a physician, ophthalmologist, or optometrist.

General Exclusions

Manitoba Blue Cross will not pay for the following:

5. Any services or supplies received unless the person is covered by the government health plan in their home province.
6. 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.

7. Services or supplies not listed as covered expenses.
8. Services related to the treatment of Temporo-Mandibular Joint dysfunction.
9. Services and supplies for cosmetic purposes.
10. Charges for completing claim forms or missed appointments.
11. Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
12. Charges for services provided prior to the effective date of coverage.

Termination of Coverage

Vision 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 Vision Care Plan benefits.

Employees on Maternity Leave (Plan A or Plan B) or Adoptive Leave will continue to be eligible for Vision Care 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 twelve (12) months of the date the employee was laid off is eligible for Vision Plan benefits effective on the date of return to work.

How To Make a Claim

- a. Print a copy of a Vision Claim Form. A separate claim form is required for each member of your family obtaining vision services. [Click here for a printable claim form](#)

- b. Complete the subscriber and patient parts of the form. Be sure to provide all information or payment of your claim may be delayed.
- c. Present the claim form to your physician, optometrist, ophthalmologist, or optician at your appointment.
- d. Submit your completed Vision Care claim form together with a printed receipt or itemized bill from your physician, optometrist, ophthalmologist, or optician directly to Manitoba Blue Cross.
- e. Claims can also be submitted online through [mybluecross®](https://mybluecross.com).

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.

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, 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 Plans

Coordination of benefits is available if both spouses in a family are regularly employed and have health and/or vision care 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 day and month 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.