



Group Health Care Benefits

**For the Teaching Staff of
Red River Valley School Division**

Sponsored by:



**The
Manitoba
Teachers'
Society**

January 1, 2009



THE COLOUR OF CARING



Manitoba Blue Cross Group Health Care Plan

Protect yourself and your family against the rising cost of health care services not covered by provincial government programs. With continued offloading of services from government plans such as Pharmacare, the need for coverage is greater than ever.

The Manitoba Teachers' Society Plan covers a broad range of Extended Health Care services for you and your dependents. You pay considerably less for coverage through a large Group Health Care Plan than you would on an individual basis and receive more coverage with higher maximums.

These benefits are provided at a preferred rate because of the large group involved and therefore a larger base for sharing the risk. As well, reduced administration costs are passed on to you.

As a non-profit agency, Manitoba Blue Cross is committed to providing prompt, professional, personalized service to Manitobans of all ages. Group Health Care Plans from Manitoba Blue Cross – preferred-rate protection for your entire family.

Eligibility

Permanent full-time and permanent part-time teachers, and term teachers hired for at least 60 consecutive working days, including your legal or common-law spouse and dependent children are eligible to become members. New teachers become eligible for benefits on their date of employment or on the 1st day of their term.

The term "Spouse" means the person with whom you are legally married or have continuously resided with for at least one year in a conjugal relationship.

You must add your spouse to your plan when they become eligible (date of marriage or one year from the date of cohabitation). If the change is reported within 90 days of the date of eligibility (date of marriage or one year from date of cohabitation), coverage for the spouse and dependent children (if any) will commence on the date of eligibility. If not reported within 90 days of the date of eligibility, coverage for the spouse and dependent children (if any) will commence one year from the date of eligibility.

The term “Dependent” means all natural children, legally adopted children, stepchildren and children for whom you are the legal guardian. Children of the person with whom you are living in a conjugal relationship are also eligible, provided such children are living with you. All children must be unmarried, under the age of 21 and dependent upon you for support, or unmarried and under the age of 25 and in full-time attendance at a specialized school, college or university.

The age restriction does not apply to a physically or mentally incapacitated child who had this condition prior to the attainment of age 21 or prior to age 25 if a full-time student at a specialized school, college or university.

Enrollment

You must enroll according to your true family status, listing all eligible dependents.

In order to protect the viability of these plans, once enrolled in the health plan, you are not permitted to opt out while still employed, except in the event of recently obtained duplicate group coverage. Notification of duplicate coverage is required within 90 days of acquiring the duplicate plan.

Leaves of Absence

Coverage may be continued during a leave of absence provided it is for the full duration of the leave, unless coverage under a spousal group plan is acquired. Coverage during a leave of absence is not available if you are on a trip outside of Canada for longer than 90 days.

Ambulance Benefit

You will be reimbursed 100% of eligible expenses in your home province.

Ambulance Service – Full payment of reasonable and customary charges for ambulance services provided within the province or for those who live near the Saskatchewan border and require transport to a Saskatchewan hospital. 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 the attending physician if the patient is non-ambulatory 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.

Stretcher Service (Medical Van) – Charges for “non-emergency” transport by a participating medical transfer service are covered to a lifetime maximum of \$250 per person.

Hostel Accommodation – Payment of the reasonable and customary daily charge for hostel accommodation if you require diagnostic testing or treatment, on the recommendation of a physician, at a hospital located more than 60 km from your home, and you are placed in a recognized medical hostel associated with the hospital

Exclusions and Limitations

See Page 12.

Extended Health Benefits

You will be reimbursed 100% of the following eligible expenses:

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. Dental implants and orthodontics are not covered.

Assisted Care – Charges for assisted care services up to \$30 per day to a maximum of 14 days per illness or injury. To be eligible, services must be prescribed by the attending physician and be provided within the 12 months following discharge from hospital where you were hospitalized as an in-patient. Eligible services are those provided by persons (not relatives) regularly employed as a professional health care aid, home care worker, or homemaker.

Athletic Therapy/Occupational Therapy – Charges for the services of a certified occupational therapist and charges for the services of a certified athletic therapist to a combined maximum of \$150 per person per calendar year.

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.

Clinical Psychology – Charges for the services of a clinical psychologist to a maximum of \$500 per person per calendar year.

Eye Examinations – Charges for the cost of one eye examination to a maximum of \$65 per person during any 24 consecutive month period, provided that no portion of the cost of the examination is eligible for payment under any legislative plan.

Foot Care – Charges for diagnosis (excluding x-rays) and treatment by a podiatrist (foot doctor) and charges for services by a certified foot care nurse to a combined maximum of \$500 per person per calendar year. This benefit is subject to per visit maximums.

Foot Orthotics – Charges for the cost of foot orthotics when prescribed by the attending physician, chiropractor, occupational therapist, physiotherapist or podiatrist to a maximum of \$300 per person per calendar year.

Hearing Aids – Charges for the purchase or repair of hearing aids when prescribed by an otologist or clinical audiologist to a maximum of \$500 per person during any 3 consecutive year period. Charges for regular maintenance, batteries or recharging devices are not eligible expenses.

Medical Appliances – Charges for the rental, purchase or repair of:

- an iron lung when prescribed by the attending physician to a maximum of \$1,000 per person during any 5 consecutive year period.
- a wheelchair, hospital bed, oxygen equipment or respirator when prescribed by the attending physician or occupational therapist to a maximum of \$1,000 per item per person during any 5 consecutive year period.
- walkers when prescribed by the attending physician or occupational therapist.
- other medical equipment when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist to a lifetime maximum of \$300 per person.

Nutritional Counselling – Charges for the services of a registered dietician to a maximum of \$350 per person per calendar year.

Orthopedic Shoes and Modifications – Charges for orthopedic shoes custom made from a mould (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.

A copy of a prescription from the attending physician or podiatrist including a medical diagnosis along with detailed description of the orthopedic shoes and modification(s) is required.


Payment is limited to a combined maximum of \$500 per person per calendar year.

Boots, sandals or sport specific footwear are not eligible.

Paramedical Practitioner – Charges for the services of an audiologist, chiropractor (including x-rays), licensed massage therapist (not a relative), naturopath, osteopath and speech therapist.

Each of the above are limited to a maximum of \$500 per person per type of practitioner per calendar year with the exception of chiropractor and licensed massage therapy which is limited to a maximum of \$700 per person per type of practitioner per calendar year.

Physiotherapy – Charges for the services of a physiotherapist for diagnosis (excluding x-rays) and treatment to a maximum of \$700 per person per calendar year.

Prescription Drugs  – Charges for drugs or medicines including serums, injectibles, and insulin, which are prescribed by a physician and dispensed by a pharmacist. To be considered eligible, these drugs or medicines must be listed in the most current edition of the applicable Provincial Drug Plan Benefits List, or where there is no applicable Provincial Drug Plan Benefits List, in a Drug Plan Benefits List developed by Manitoba Blue Cross. Benefits payable will be integrated with those available from any government sponsored Provincial Drug Plan. A prescription is comprised of both the ingredient cost and the pharmacist's dispensing fee. (Dispensing fees vary.) The dispensing fee is limited to \$6 per prescription. There is a maximum 100-day supply for any drug.

You will be notified to register with Pharmacare when your incurred costs for drugs or medicines have reached \$1,000 per family (or contract) during the Pharmacare year. If proof of registration is not received, payment of charges for drugs or medicines will be suspended once the incurred costs reach \$1,500 per family (or contract) during that Pharmacare year until proof of registration with Pharmacare is received. This ensures that Pharmacare eligible costs are paid by Pharmacare.

Your dependent children 18 years of age and over will be notified to register with Pharmacare when costs for drugs or medicines have reached a maximum of \$100 during the Pharmacare year. If proof of registration is not received, payment of charges for drugs or medicines will be suspended when the incurred costs reach \$200 during that Pharmacare year until proof of registration with Pharmacare is received.

What is BlueNet?

BlueNet is a state-of-the-art, point-of-sale claim processing system created by Manitoba Blue Cross.

How does BlueNet work?

When you make a prescription drug purchase, present your BlueNet card to the participating pharmacy.

The pharmacist will enter your contract information into the computer along with the details of the drug purchase. Within seconds the BlueNet system will process your claim.

The BlueNet system will notify the pharmacist if you have reached your prescription drug maximum, or if the drug being purchased is not covered.

The BlueNet card is valid at any participating pharmacy in Manitoba.

The BlueNet system eliminates the need to file paper claims. In the past, you may have either lost prescription drug receipts, or forgotten to file claims. As a result, you may not have received the full benefit of your prescription drug plan.

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

Prosthetic Appliances and Remedial Equipment –

Charges for purchase or repair of:

- casts, canes and crutches.
- artificial limbs and eyes when prescribed by the attending physician.
- compression garments when prescribed by the attending physician.
- breast prostheses and surgical bras when prescribed by the attending physician to a maximum of \$400 per single mastectomy and \$800 per double mastectomy per calendar year.
- wigs or hairpieces when prescribed by the attending physician to a lifetime maximum of \$1,000 per person.
- splints, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist.

Tutorial Allowance – Charges of up to \$15 per hour for tutorial services to a maximum of \$1,500 per illness or injury incurred within 6 months of the date of illness or injury. To be eligible, the student must be totally disabled for a period in excess of 30 days within a 90 day period immediately following the illness or injury.

Exclusions and Limitations

See Page 12.

Unlimited Travel Health Benefits

Coverage is provided for you and your dependents:

- travelling on vacation or business.
- while on sabbatical, paid or non-paid leave, employee exchange or other such similar absence providing the trip is less than 90 days.

Note: If the trip outside of Canada is in excess of 90 days, no portion of the trip will be eligible for benefits.

The following travel health benefits are applicable to **emergency treatment** only. Benefits are payable with no overall maximum.

- Hospital in-patient and out-patient charges.
- Medical and surgical charges for services provided by a legally qualified physician. Charges for services rendered in connection with general examinations for “check-up” or for cosmetic purposes are not eligible expenses.
- Ambulance charges for service from the place of illness or accident to the nearest hospital.
- Economy air transportation to your home city in Canada by stretcher if you have received treatment at a hospital as an in-patient.
- Dental care to natural teeth when necessitated by a direct accidental blow to the mouth only, and not by an object wittingly or unwittingly placed in the mouth. Maximum coverage \$1,500 per accident.
- Treatment for the emergency relief of dental pain to a maximum of \$300. Services must be rendered outside of your province of residence. A letter from the attending dentist must be presented indicating treatment was necessary to relieve acute dental pain not present before date of departure.
- In the event of loss of life, up to \$5,000 towards the cost of transporting the deceased to the home city in Canada, or for cremation or burial at place of death.
- Blood or blood plasma if not available free of charge.
- Additional cost, if any, of the most direct return (economy) air travel from the place where you were hospitalized as an in-patient to the home city in Canada, including the cost of return economy air travel for a graduate professional nurse where nursing care is required during the flight home. This benefit must be supported by a letter from the attending physician as medically necessary. This benefit is also available to your family (spouse and dependent children) or one travelling companion covered by a Manitoba Blue Cross Travel Health Plan travelling with you at time of injury or illness.

- Private duty nursing.
- Additional board and lodging expenses incurred beyond the original duration of the trip by a relative or friend also covered by a Manitoba Blue Cross Travel Health Plan remaining with you during your hospitalization as an in-patient.
- Prescription drugs.
- Charges for transportation to your bedside incurred by your spouse, or any one parent, child, brother or sister to be with you while confined to hospital and where you will be an in-patient for at least 3 days outside of your province of residence. Transportation charges for a family member to identify the deceased person prior to release of the body, if required by law. Maximum \$4,000 for round trip economy air fare.
- Physiotherapy provided in a hospital.
- Chiropractic and podiatrist services. A letter from the attending physician certifying that services were for acute care is required for claim submission.
- Repair or replacement of eyeglasses due to accident or injury to a maximum of \$100 provided that the injury is treated by a physician or dentist.
- An allowance of \$40 per day for each day you are hospitalized as an in-patient. Maximum coverage \$1,000. (This benefit is intended to help defray incidental cost such as parking, telephone calls, taxis etc.)
- Return of your vehicle if you are unable to drive, to a maximum expense of \$2,000.
- Charges for commercial accommodation and meals to a combined maximum of \$500 for persons travelling to the bedside or travelling to identify a deceased family member.
- Additional cost of return economy airfare for an escort to accompany your children (up to 18 years of age) to their province of residence in the event you have been evacuated to Canada for medical reasons.
- Additional cost of returning your pet to your home city in Canada up to a maximum of \$500 per pet, in the event you are confined to hospital for at least 3 days outside your province of residence.
- Charges for emergency veterinary care due to unexpected injury of accompanying pet to a maximum of \$200.

Travel Health Exclusions & Limitations

The following are not eligible:

- Retired employees (including all dependents) prior to January 2008.
- Employees (including all dependents) travelling outside of Canada on sabbatical, paid and non-paid leave of absence, employee exchange or other such similar absence in excess of 90 days.
- Employees age 65 and over (including all dependents).
- Students travelling outside Canada for full-time educational purposes.
- Persons travelling outside their province of residence for the purpose of obtaining medical treatment.
- Persons travelling against medical advice.
- Charges associated with the required confinement due to childbirth and delivery, in the event that any portion of travel outside your province of residence falls after the 36th week of gestation.

International Travel Assistance

Provides 24-hour worldwide assistance to travellers in emergency medical situations. Insured travellers, physicians or hospitals should contact the international travel assistance service immediately in the following medical situations:

- when it is difficult to locate medical care.
- to verify insurance coverage to a physician or hospital.
- when hospitalized for any reason.
- when medical treatment is required as a result of an accident.
- when medical treatment is complicated by language problems.
- when a medical evacuation may be indicated.
- any other serious medical problem. Be prepared to give the name of the covered person, the policy number and description of the problem.

International Travel Assistance Toll Free Telephone Numbers

In Canada and United States, call toll free 1-866-601-2583.

In all other countries, or if you have any difficulties with the toll free number, call collect 0-204-775-2583.

For general inquiries call Manitoba Blue Cross at 775-0151 or toll free (within Manitoba only) 1-800-USE-BLUE (1-800-873-2583), (outside Manitoba, but within Canada) 1-888-596-1032.

Contact the international travel assistance service immediately for benefits verification and procedures.

Neither Manitoba Blue Cross nor the international travel assistance provider shall be responsible for the availability, quality or results of any medical treatment or the failure of the insured to obtain medical treatment.

Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

- Any services or supplies received unless the person is covered by the government health plan in their home province.
- 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.
- Services or supplies not listed as covered expenses.
- Services related to the treatment of Temporo-Mandibular Joint dysfunction.
- Dental implants.
- Charges for completing claim forms or missed appointments.
- Services covered or provided through Workers' Compensation legislation, any government agency or a liable third party.
- Charges for services provided prior to the effective date of coverage.
- Manitoba Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.
- Orthodontic services.
- Any drugs or medicines in excess of a 100-day supply.
- 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.

Claiming for Benefits

Ambulance Benefit

Ambulance services are provided by presenting your Manitoba Blue Cross identification card, no further action is necessary. If you are required to pay for these services, submit the itemized receipt for reimbursement.

Extended Health Benefits

Claims for eligible expenses under your extended health benefits must be submitted with a completed extended health benefit claim form and include itemized receipts and required documentation i.e.: doctors prescription, referral, provincial plan statement. Claim forms are available from your employer or Manitoba Blue Cross.

Travel Health Benefits

For expenses incurred within Canada

Present your original receipts or statements to your provincial health plan. Upon receipt of payment from the provincial health plan, submit a copy of your receipts and your provincial health plan statement of payment directly to Manitoba Blue Cross with a completed travel health claim form (available from your employer or Manitoba Blue Cross).

For expenses incurred outside of Canada

Submit all original itemized bills/receipts to Blue Cross together with a signed travel health claim form and an out-of-country medical and hospital services form (available from your employer or Manitoba Blue Cross). Payment will be coordinated with Manitoba Health.

Before mailing your claim, please ensure that you have:

- 1) identified yourself with your group and contract number (shown on your identification card).
- 2) signed the claim form.

Note: Manitoba Blue Cross will not return your original receipts for medical expenses with your benefit cheque/statement. You DO NOT require original receipts for income tax purposes. Canada Revenue Agency will accept the statement of benefits that Manitoba Blue Cross issues to you with your benefit cheque. Please retain this statement of benefits.

Note: Claims for all benefits listed in this booklet submitted more than 2 years after date(s) services are provided, will not be accepted.

Coordination of Benefits

The situation may arise where both spouses in a family are regularly employed and health plans are provided by both places of employment.

Under the “Coordination of Benefits” provision included in all health plans, you are entitled to claim benefits from both plans as long as the total benefits received do not exceed the health expenses actually incurred.

In order to obtain these additional benefits, please ensure that you complete the appropriate section of the claim form or provide the information on your application or Coordination of Benefits form.

Your claims should first be sent to this plan and your spouse’s claims should first be sent to your spouse’s plan. Claims for children should be first submitted to the plan of the parent with the earlier birth date in the calendar year (the year of birth does not matter).

Customer E-Service

Customer e-service is an electronic service offered by Manitoba Blue Cross to allow you access to your plan information over the internet 24 hours a day 7 days a week. You can now access information about your benefit plan through the internet from home, work or anywhere in the world.

Quick Access to:

- **Plan Information** – check who you have listed on your plan or view other demographic information.
- **Benefit Details** – check on specific details of a particular benefit, or look at our glossary of terms to better understand benefits.
- **Benefit Eligibility** – check if a particular benefit is eligible and what you need to submit a claim.
- **Claim Information** – check current claims history for your health and dental claims (24 months of claims history available).
- **Temporary ID card** – lost your card, the site provides you with the facility to print a temporary card – a message is automatically sent to Manitoba Blue Cross to order permanent card.
- **Electronic Funds Transfer** – apply to have your claims payments deposited directly into your bank account.

How to Register:

- Visit www.mb.bluecross.ca
- Click on customer e-service
- Click on register
- Create your own User ID and Password
- Log in

Note: Be sure to use a Hint Question you will remember. It is also important to enter your personal information exactly as it appears on your ID Card Sheet.

Register today for immediate access to information about your benefit plan!

As with any web service, integrity and protection of information is very important to Manitoba Blue Cross. You can be assured all your information is kept safe and confidential. Register now at **www.mb.bluecross.ca**. Confirmation of your registration will be sent to your home address.

Electronic Funds Transfer

Once you register for customer e-service you can then apply for electronic funds transfer (EFT) and enjoy the convenience of having your claims payments deposited directly into your bank account.

Electronic Funds Transfer is a system of transferring money from one bank account directly to another without any paper money changing hands.

Electronic Funds Transfer is a safe and secure method of receiving claims payments.

EFT helps to eliminate lost or stolen cheques and prevents the possibility of cheques being sent to an incorrect address.

Once you have registered for EFT you will be notified by e-mail when your claim has been paid and reimbursement has been deposited. You will have access to online claims details and claims statements which are available for review and printing. You can also access and change your banking information anytime you need.

As with any web services offered, integrity and protection of information is of high importance to Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

Changes in Status

Reporting Changes

You must notify your employer and Manitoba Blue Cross within 90 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of conjugal relationship, death, change of residence, birth or legal adoption.

The majority of status changes may be reported using the "Notice of Change" form available from your employer.

If you have opted out of the health plan due to spousal coverage that subsequently terminates, you must advise your employer and Manitoba Blue Cross within 90 days of losing coverage if you wish to be covered under this plan.

Births

Your newborn children must be added to your plan as dependents, within 90 days from the date of birth.

Divorce

In the event of divorce, your divorced spouse and/or dependent children may apply for continuation of coverage. For further information contact Manitoba Blue Cross.

Termination of Coverage

Once notice of termination is received, your coverage will automatically be cancelled at the end of the month in which employment is terminated, or on August 31st if your termination occurs at the end of the school year in June.

To continue with similar coverage on an individual basis, contact Manitoba Blue Cross for more details.

Note: Once enrolled in this group plan, you will not be permitted to opt out while still employed by your employer except in the event of duplicate group coverage through your spouse. If this situation arises, your request to cancel must be received by Manitoba Blue Cross within 90 days of the effective date of the new plan.

Identification Card

If you require a new identification card, please contact your employer and arrangements will be made to provide you with a new one.

Important: Please Read

This brochure represents a synopsis of the benefits provided for under the Group Agreement. In the event of any difference between the terms of this synopsis and those of the Group Agreement, the terms of the Group Agreement shall prevail.

If you have any questions regarding the Group Agreement, please contact your employer directly.

Manitoba Blue Cross provides reimbursement of eligible expenses (either directly to you or to the service provider) in accordance with the Group Agreement, but cannot guarantee the availability or provision of services.

Also, in determining the basis for 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.



CONTACT US!

IN PERSON

Customer Service Centre
599 Empress Street
9:00 a.m. - 5:30 p.m.
Monday, Tuesday, Wednesday & Friday
Thursday
9:00 a.m. - 7:00 p.m.

BY TELEPHONE

775-5473 Automated Hot Line
24 hours per day, 7 days per week

775-0151 Information Service Centre
8:00 a.m. - 5:30 p.m. Monday through Friday

Toll Free at 1-800-873-2583 (1-800-USE-BLUE)
(within Manitoba only)
8:00 a.m. - 5:30 p.m. Monday through Friday

BY FAX

786-5965

BY MAIL

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PO Box 1046 Stn Main
Winnipeg, MB R3C 2X7

BY EMAIL

info@mb.bluecross.ca

VISIT OUR WEBSITE

www.mb.bluecross.ca

