

FREQUENTLY ASKED QUESTIONS

Effective July 1, 2026



Retiree
Group Benefits Plan

Where can I find out more information about the Retiree Group Benefits Plan?

You can view current coverage summaries online on Manitoba Blue Cross' Member site called **mybluecross**® at www.mb.bluecross.ca once enrolled and registered for a member account or by visiting: www.hubinternational.com/citywpgretiree for the full benefits booklet.

Am I eligible to participate in the Retiree Group Benefits Plan?

To be eligible to enroll in the Retiree Group Benefits Plan you must be a Retiree of the City of Winnipeg (a formal notice of retirement was provided to Human Resources). Individuals who terminated their employment or left the City of Winnipeg (i.e. may have deferred their pension) are not considered Retirees.

What is the deadline to apply for the Retiree Group Benefits Plan?

The enrollment deadline is **60 days from your retirement date**. If you do not apply for the Retiree Group Benefits Plan within 60 days of your retirement date, you will not be eligible to join the plan. The exception to this is if you waive coverage due to having duplicate group benefits coverage in place at time of retirement or if you waive coverage due to moving out of Manitoba.

If I choose not to enroll or terminate my Retiree coverage, can I enroll again at a later date?

No, there is no guarantee that an open enrollment opportunity will be available to non-members in the future.

What happens to my Surviving Spouse in the event I pass away?

Surviving spouses are only eligible to remain in the Retiree Benefits Plan if the retiree was enrolled at the time of your passing. Surviving spouses must notify Manitoba Blue Cross within 60 days of the retiree's passing to inform Manitoba Blue Cross of their intention to remain on the plan and process the Life Event change.

If you, as the retiree, were not enrolled in the Retiree Benefits Plan at the time of your passing, your surviving spouse is not eligible to join the Retiree Benefits Plan. If interested in purchasing individual Health and Dental insurance, HUB International has a service called Emerge that provides assistance in obtaining a personal plan that will best meet their budget and needs. For further details, please visit: www.hubinternational.com/emerge or email: emerge@hubinternational.com.

When will my current Employee benefit coverage terminate?

Your current employer paid benefits coverage and voluntary employee paid benefits, if applicable, terminates on the date you retire. Should you take the opportunity to enroll in the City of Winnipeg Voluntary Retiree Group Benefits Plan, your Voluntary Retiree Group Benefits coverage will be effective on the first day following your date of retirement. You have 60 days to enroll in the Voluntary Retiree Group Benefits Plan from your retirement date.

How do I apply for coverage?

Here is all you need to do:

- ✓ Complete all sections of the **Retiree Group Benefits Application Form**.
- ✓ Attach a copy of a void cheque to your application form to pay premium via pre-authorized debit.
- ✓ Submit your application form and void cheque to Manitoba Blue Cross by:

Mail:

Attn: Client Services
PO Box 1046 STN Main
Winnipeg, MB R3C 2X7

In Person:

599 Empress Street
Winnipeg, MB

Fax:

Attn: Client
Services
204.774.1761

Email:

MBCgroupbenefits@mb.bluecross.ca

When will my coverage be effective?

Your coverage will be effective on the first day following your date of retirement. For example, if your retirement date is January 18th, your coverage will become effective on January 19th. You have 60 days from retirement to apply for coverage.

What are the prerequisites for Extended Health?

Ambulance/Hospital is a prerequisite to the Extended Health plan for Options 2, 3, 4 and 5. You must have Ambulance/Hospital coverage; it cannot be waived.

What are the prerequisites for Virtual Care Service, Gotodoctor.ca?

Ambulance/Hospital and Extended Health benefit plans are a prerequisite for Virtual Care Service, Gotodoctor.ca for Options 2, 3, 4 and 5. You must be enrolled with Ambulance/Hospital and Extended Health coverage to access the service; they cannot be waived. Please refer to the Gotodoctor.ca brochure on the portal for further information.

What are the prerequisites for Travel Health coverage in Options 3 and 5?

Ambulance/Hospital and Extended Health benefit plans are a prerequisite to the Travel Health plan for Options 3 and 5. You must have Ambulance/Hospital and Extended Health coverage; they cannot be waived.

What are the prerequisites for Dental coverage in Options 4 and 5?

Ambulance/Hospital and Extended Health benefit plans are a prerequisite to the Dental plan for Options 4 and 5. As the Option is bundled, it will not be waived.

How do I pay the cost?

Funds will be automatically debited from your bank account monthly by Manitoba Blue Cross. Funds can only be withdrawn from either a chequing or savings account. Simply attach a void cheque as indicated on the application form. Note, to have your claims reimbursement paid via direct deposit, you must complete the Direct Deposit Form which can be found at: www.hubinternational.com/citywpgretiree.

Can I continue to pay with Pension Deductions if I make a change to my Retiree Group Benefits?

No, WCEBP has advised that they will not allow a Retiree member to continue with Pension deductions if they make any changes to their Retiree group benefits, including changing their address, dependents or coverage Option.

If you are making a change, you are now required to pay conveniently through pre-authorized debit, with your premiums automatically debited from your chequing or savings bank account monthly by Manitoba Blue Cross. Please complete the Premium PAD Form and submit to Manitoba Blue Cross along with your Notice of Change Form. Note, to have your claims reimbursement paid via direct deposit, you must complete the Direct Deposit Form. All forms can be found at: www.hubinternational.com/citywpgretiree.

When are premium payments withdrawn?

Premium payment is withdrawn monthly on the first business day of the month for the current month. For example, September's premium will be withdrawn on September 1st. Debiting of your account will commence on the first business day of the month coinciding with or next following your effective date.

If there are non-sufficient funds (NSF) in the account to cover the monthly withdrawal, claim reimbursement will be pended until premium payment is received. An attempt will be made the following month for a 2-month deduction. If premium payment is returned as NSF again, coverage will be terminated retroactively to the date the last payment was made.

Can I change my Option at a later date?

You may change your coverage at 2-year intervals during the Re-enrollment period. The next interval date is July 1, 2028 with information on Re-enrollment distributed in the Spring of 2028. The exception to this is if you experience a Life Event at which time you may select a different Option. Please refer to Life Event below for more information. If you elect to opt out of coverage during Life Event or Re-enrollment, you will not be able to rejoin at a later date.

How often do rates change?

Premium rates are reviewed on an annual basis. Any rate change will be communicated prior to effective date. In the event your monthly premium payment requires an adjustment due to a rate, Life Event or other applicable change, your monthly withdrawal will be updated accordingly with Manitoba Blue Cross.

What is a Life Event?

A Life Event must be reported to Manitoba Blue Cross within 60 days of the event by completing the Notice of Change form which can be found on the online portal website. A Life Event is defined as:

- Addition of a spouse through marriage or common-law relationship
- Loss of a spouse through divorce, dissolution of common-law relationship or death
- Addition or loss of an eligible dependent child through birth, adoption, or death
- Child becoming ineligible due to age or over-age student status
- You or your spouse gains or loses coverage through an employer's group insurance plan

If a dependent (spouse &/or child) is not reported within 60 days, you are able to change your Family Status but cannot change your Option selection. The effective date of coverage will be based on the date of the Life Event and any retroactive premiums will be charged.

What does Family Status mean?

You must enroll according to your **True Family Status**:

- Single – means you are single with no spouse (married or common-law) and have no eligible dependent children.
- Couple – means you either have a spouse (married or common-law) **or** have only one eligible dependent child.
- Family – means you either have a spouse (married or common-law) with at least one eligible dependent child; **or** are single (no spouse) with at least 2 eligible dependent children.

Who is considered an eligible spouse?

Your legal spouse, or the person who has continuously resided with you in a conjugal relationship for at least one year.

Who is considered an eligible dependent child?

Your unmarried natural children, legally adopted children, stepchildren, and children for whom you stand “in loco parentis” and:

1. Is under age 22 and is dependent on you for support;
2. Is under age 25 if a full-time student; or
3. Is incapable of supporting themselves because of a physical or mental disorder provided they were still considered a dependent under points 1 or 2 above subject to proof of disability.

To be considered eligible, they cannot be eligible as a member under this plan or any other group benefits plan.

What happens if my dependents change?

Notification of any change in dependents needs to be received within 60 days of the change. Please complete the Notice of Change form and submit to Manitoba Blue Cross. The Notice of Change form can be found at:

www.hubinternational.com/citywpgretiree.

If a dependent (spouse &/or child) is not reported within 60 days, you are able to change your Family Status but cannot change your Option selection. The effective date of coverage will be based on the date of the Life Event and any retroactive premiums will be charged.

Who do I notify if I have an address or banking change?

If you have a change of residence or a change in banking information for pre-authorized debit (PAD) for premium payment or claim reimbursement, please complete the applicable form:

- Change of residence – Notice of Change form
- Change in banking information for premium payment – PAD Application form
- Change in banking information for claim reimbursement – Direct Deposit Application form

If you are making a change and are currently paying monthly premiums through pension deduction, you are required to set-up pre-authorized debit before the change can take effect. Your premiums will be automatically debited from your chequing or savings bank account monthly by Manitoba Blue Cross. Please complete the Premium PAD Form and submit to Manitoba Blue Cross along with your Notice of Change Form.

Applicable forms can be obtained on the online portal website: www.hubinternational.com/citywpgretiree.

If I waive my Retiree coverage, can I join again at a later date?

Yes, there are certain circumstances under which you can rejoin the City of Winnipeg Voluntary Retiree Group Insurance Plan:

- If, at time of retirement, you waive due to coverage under your spouse's plan or because you are covered as an employee under a group plan, you are permitted to rejoin the plan upon losing your duplicate Group Benefits coverage. You may reapply for coverage within 60 days of loss of coverage under your employee plan or your spouse's plan. Please complete both the Retiree Group Benefits Application Form and the Loss of Coverage Form (leaving the Certificate Number blank at top of form) found on the online portal website. Submit both forms to Manitoba Blue cross to process.
- While enrolled in the plan, if you waive due to gaining coverage under your spouse's plan or because you gain coverage as an employee under a group plan, you are permitted to rejoin the plan upon losing your duplicate Group Benefits coverage. You may reapply for coverage within 60 days of loss of coverage under your spouse's plan or your employee plan. Please complete the Loss of Coverage Form found on the online portal website and submit directly to Manitoba Blue Cross.
- If you waive coverage because you moved out of Manitoba, you will be permitted to rejoin the plan in the event you move back to Manitoba and obtain a new effective date from Manitoba Health. You may reapply for coverage within 60 days of the effective date.

What if I move outside of Manitoba?

Notification of any move needs to be received within 60 days of the change. Please complete the Notice of Change form and submit to Manitoba Blue Cross. The Notice of Change form can be found at:

www.hubinternational.com/citywpgretiree.

If you move outside of Manitoba, your coverage continues provided you are covered under the government health plan of your new province of residence; however, all Health and Dental benefits will be paid at Manitoba rates. Ontario and Quebec premium taxes will be applied to Health and Dental rates if you reside in these provinces.

If you move outside of Manitoba, you have the option to waive your coverage by completing the Notice of Change form which can be found on the online portal website. You will be permitted to rejoin the plan in the event you move back to Manitoba and obtain a new effective date from Manitoba Health. You may reapply for coverage within 60 days of the effective date. Please visit Manitoba Health for more information on maintaining provincial health coverage when leaving the province: <https://www.gov.mb.ca/health/mhsip/index.html>.

Will I receive a Manitoba Blue Cross ID card?

Yes, a Manitoba Blue Cross ID card will be mailed to your home address. If you do not receive your new card within one month of your eligibility date, please contact Manitoba Blue Cross directly through their Contact us page on www.mb.bluecross.ca or calling 204-775-0151 or toll free 1-888-596-1032. Your ID card will only be effective as of your approval date.

Present your new card to your Pharmacist, Dentist and/or any Paramedical provider as applicable so they can update your coverage information for direct claims submission to the insurance company.

Note: Your new Manitoba Blue Cross ID card is also your plan identification card and/or your BlueNet Drug card for Extended Health and Emergency Travel Health card, if applicable.

Can my Pharmacist direct bill my Drug claims if I enroll in Extended Health?

Yes, your Pharmacist will be able to direct submit your Drug claims to Manitoba Blue Cross with the BlueNet Drug Card if you chose an Option with Extended Health.


How can I check my benefits and claims information with Manitoba Blue Cross?

Manitoba Blue Cross has an easy-to-use Member site called **mybluecross**[®]. You can access coverage information, submit claims online for faster processing, view your claim status, claims history, Explanation of Benefits, and complete and print claim forms. Or, you have the option of calling their toll-free customer service centre to speak directly to a Customer Service Representative. Please refer to the Benefit booklet for contact and online access information.

You can also access your benefits on the go by downloading the **mybluecross**[®] **mobile app** for Apple or Android. From the app, you can submit claims, check the status of your claims, and use your ID card. You will need to register for your **mybluecross**[®] account to access the app.

How do I register for mybluecross[®]?

Once your coverage is effective, you can set up your Manitoba Blue Cross Member account following these easy steps:

1. Go to www.mb.bluecross.ca and look for the  icon at the top of the page.
2. Click '**Member login**'
3. Click '**Sign Up**' to be brought to the Registration page
4. Follow the prompts to register for your **Member** account. Fill in your information using your Manitoba Blue Cross ID card.

If you have any questions or require assistance, please contact Manitoba Blue Cross directly through their Contact us page on www.mb.bluecross.ca or calling 204-775-0151 or toll free 1-888-596-1032.

How can I sign up for direct deposit for claim reimbursement?

You can sign up for direct deposit for claim reimbursement via your **mybluecross**[®] account or by completing the Direct Deposit Form which can be found at www.hubinternational.com/citywpgretiree.

What does per certificate and per person maximum mean?

A per certificate maximum means that expenses for each covered family member under your plan will be combined. Per person maximum means that each covered family member's expenses will be calculated separately, and each individual will have their own maximum amount.

What is coinsurance?

Coinsurance is the portion of an eligible claim covered by the plan, expressed as a percentage. For example, Option 4 has an 80% coinsurance on Basic Dental coverage, which means that you will be reimbursed for 80% of the cost of a dental cleaning up to the yearly maximum. The remaining 20% of the cost will be your responsibility. For example, if you paid \$80 for a cleaning, the plan would cover \$64 and you would pay \$16:

Plan covers 80%:	$\$64 = \$80 \times 80\%$
You pay 20%:	$\$16 = \$80 \times 20\%$

What is Usual, Customary and Reasonable?

Under the benefits plan, there are usual, customary and reasonable limits applied when assessing claims. Usual, customary and reasonable limits are the range of usual fees for comparable medical services in a geographic or socioeconomic area charged by those of similar training and experience.

The application of usual, customary and reasonable limits is a standard practice in group benefits and is reviewed by the carrier to ensure reimbursable amounts are representative of the current standard charges in the region. If the service provider (e.g., Massage Therapist, Physiotherapist, etc.) charges more than the usual, customary and reasonable amount, the plan member is responsible for the difference.

What is Paramedical?

The term Paramedical is used to describe registered medical professional practitioners including:

- Addiction Counsellor
- Athletic Therapist
- Dietitian
- Clinical Psychologist
- Chiropodist
- Chiropractor
- Marriage and Family Counsellor
- Massage Therapist
- Mental Health Counsellor
- Podiatrist/Foot Care Nurse
- Physiotherapist
- Psychiatric Nurse
- Psychotherapist
- Social Worker

Please refer to the coverage information in the benefits booklet to see the maximums and coinsurance amounts.

What is a Drug Dispensing Fee?

The price of every drug prescription is made up of two parts: (a) the cost of the ingredients to make the drug and (b) the cost of the pharmacist's services and advice called the dispensing fee. Dispensing fees can be different from pharmacy to pharmacy, and from drug to drug.

What is the difference between Basic and Major Dental?

Basic Dental coverage includes the ongoing care and maintenance of your teeth, roots and gums. Services included are exams, xrays, polishing, scaling, fillings, root canal therapy and removal of teeth.

Major Dental includes procedures concerned with restoration of teeth such as crowns, bridges and dentures.

What is Manitoba Pharmacare?

Pharmacare is a drug benefit program for eligible Manitobans, regardless of disease or age, whose income is seriously affected by high prescription drug costs. Pharmacare coverage is based on both your total family income and the amount you pay for eligible prescription drugs. The total family income is adjusted to include a spouse and the number of dependents, if applicable.

Each year you are required to pay a portion of the cost of your eligible prescription drugs. This amount is your annual Pharmacare deductible. Pharmacare sets your deductible based on your adjusted family income.

You qualify for the Manitoba Pharmacare program if you meet all of the following criteria:

- You are eligible for Manitoba Health coverage.
- Your prescriptions are not covered by other provincial or federal programs.

For more information, visit MB Pharmacare's website: <http://www.gov.mb.ca/health/pharmacare/index.html>

What does Pharmacare Integration mean?

As a Manitoba resident, you and your family are eligible to receive prescription drug benefits through the Manitoba Pharmacare Program. Under the Retiree Group Benefits plan, you can submit your eligible drug claims to Manitoba Blue Cross for reimbursement up to your Manitoba Pharmacare deductible amount. The Manitoba Pharmacare deductible can be satisfied through the claims paid by a group benefits program.

Once your Manitoba Pharmacare deductible is met, Manitoba Pharmacare will pay 100% of the cost of eligible prescription drugs for the remainder of the benefit year. The Pharmacare benefit year is April 1 to March 31 of the following year.

Does Manitoba Blue Cross require proof that I have registered with Manitoba Pharmacare?

Yes, each year Manitoba Blue Cross requires that you submit your Manitoba Pharmacare deductible letter for their records. In the event you don't apply to Manitoba Pharmacare, and you have high drug claims, Manitoba Blue Cross will contact you and request that you apply to Manitoba Pharmacare and submit your approval letter to Manitoba Blue Cross.

How does the Provincial Managed Formulary affect my coverage through Manitoba Blue Cross?

For drugs to be considered eligible under the Provincial Managed Formulary through Manitoba Blue Cross, prescription drugs must be prescribed by a doctor or dentist and must be included in the provincial drug listing based on your province of residence. The provincial drug listing in Manitoba, for example, is managed by Manitoba Pharmacare under the Manitoba Drug Benefits Formulary.

The Manitoba Drug Benefits Formulary is constantly changing, with Pharmacare adding and removing drugs frequently. As Manitoba Blue Cross reimburses drug claims according to this formulary, you may find a drug that has been covered in the past is no longer eligible when you try to refill your prescription. Or you may find a drug that was not previously eligible becomes eligible.

The Manitoba Pharmacare program requires that pharmacists dispense the generic or lowest-cost alternative of the prescribed medication using the current list of interchangeable drugs, unless otherwise specified by the prescribing physician. Where a generic medication is available and the brand name drug is dispensed, the prescription will be paid at the lowest-cost alternative drug available.

There are three different levels of drug coverage under the Manitoba Drug Benefits Formulary:

- **Part 1 medications** – are drugs that are covered regardless of the medical need; e.g., Tylenol 3 is eligible regardless if you broke your toe or have a migraine.
- **Part 2 medications** – are prescriptions that are only eligible under the Pharmacare program if they have been prescribed for a specific eligible condition and it must be noted on the prescription by the doctor; the need determines whether the drug is eligible.
- **Exception Drug Status (EDS) medications** – are for medications listed in this category are only eligible if the patient has received prior approval from Manitoba Pharmacare and is for a drug that is not listed in Part 1 or Part 2. Approval is given on a case-by-case basis. Your doctor must submit the application on your behalf to Manitoba Health. Manitoba Health will send a letter to the patient confirming their eligibility for coverage. If you are approved, simply send a copy of the letter to Manitoba Blue Cross to have your record updated and retain the original.

I have Exception Drug Status (EDS) and/or Prior Authorization Drugs. Will I be covered under the Retiree Plan?

Yes, according to your approval by Manitoba Health, but Manitoba Blue Cross will require a copy of the documentation approving the drug(s). Please submit a copy of your approval to Manitoba Blue Cross for their records to avoid any claim payment delays.

If you require a refill of the drugs prior to submitting the information to Manitoba Blue Cross, you must pay for the prescription and then submit the claim with the appropriate documentation for reimbursement.

How can I find out if my medication is eligible under the Managed Formulary?

To determine if a drug is eligible for coverage under the Managed Formulary, you may ask your pharmacist or doctor, use the Manitoba Pharmacare online Drug Formulary Lookup tool (<https://web22.gov.mb.ca/eFormulary/>) or contact the Manitoba Pharmacare office directly at 204-786-7141 or toll free at 1-800-297-8099.

Is Travel Health Coverage included?

Yes. Travel Health is available under Options 3 and 5 and requires the purchase of Extended Health; Extended Health cannot be waived. In the event of any sudden, unexpected, or unforeseen illness or injury requiring immediate medical treatment, Travel Health reimburses 100% of eligible expenses to a maximum of \$5,000,000 per incident for each insured person. Travel Assistance is included. A 30-day coverage duration limit applies to any trip that includes Travel outside of Canada. Also, medical stability limitations apply. Trip Cancellation and Trip Interruption insurance are not included under the coverage with Manitoba Blue Cross. Please refer to the coverage details in the benefits booklet for more information.

Should you wish to purchase additional individual Travel Health Insurance, Trip Cancellation and/or Trip Interruption, please contact HUB International's Emerge service below. You might want to consider this in the event:

- Your trip outside of Canada is longer than 30 days (additional coverage must be purchased prior to expiry of the coverage duration period);
- You are impacted by the medical stability limitations;
- You chose not to enroll in Travel Health; or
- For any other reason

HUB International has a service called Emerge that provides assistance in obtaining a personal plan that will best meet your budget and needs. For further details, please visit: www.hubinternational.com/emerge or email: emerge@hubinternational.com. HUB's Emerge specialist will be happy to assist you.

Can I purchase additional individual Travel Health insurance to top up the Retiree Plan; i.e. to extend coverage beyond the trip limit of 30 days?

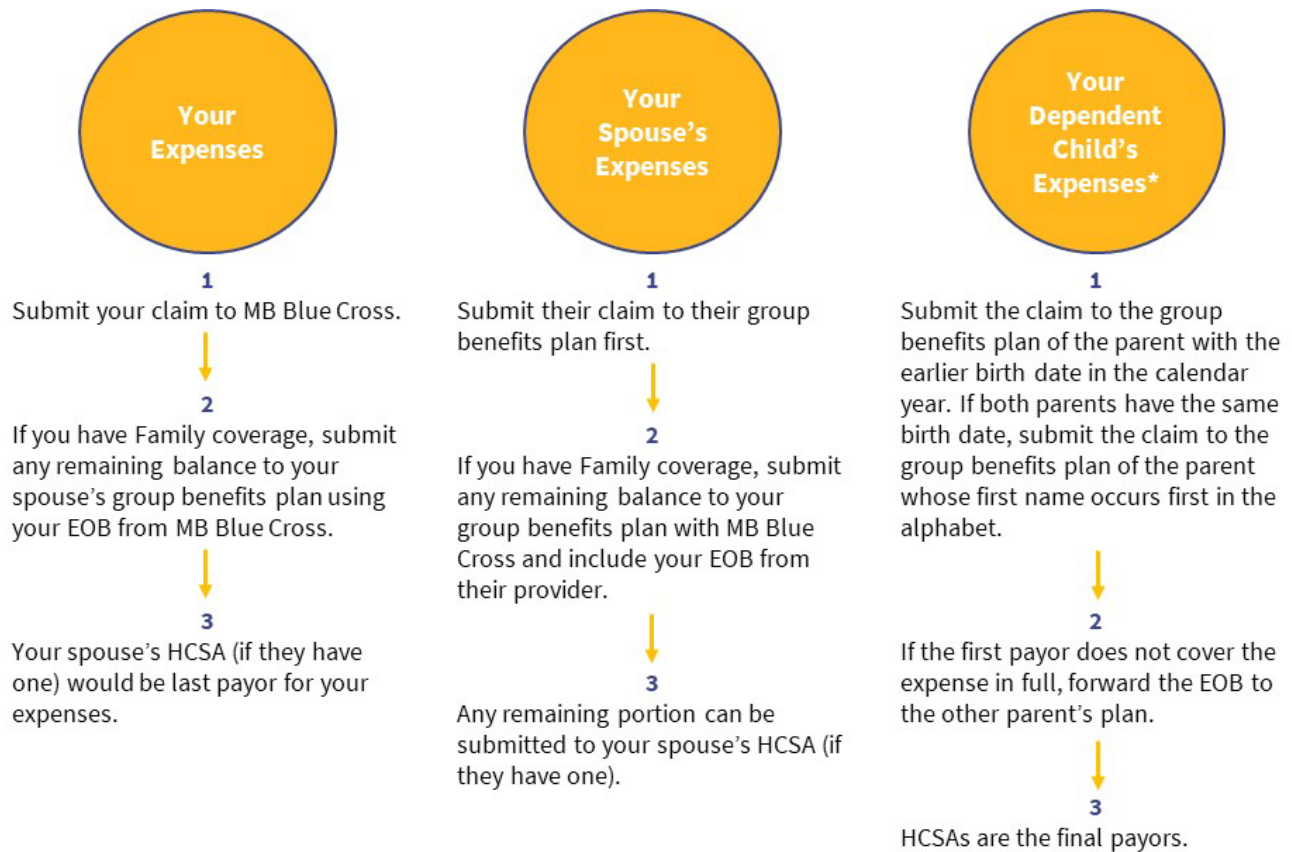
Yes, Manitoba Blue Cross allows plan members to purchase individual travel top-up coverage to extend your Travel Health Benefits beyond the 30 day trip limit that is within the Retiree Group Travel Health Benefit. For example, if you are taking a four month trip, your first 30 days would be covered by the retiree plan, and you can purchase additional top-up coverage for day 31 through to the end of the four month trip. You must purchase the additional coverage for the remainder of the trip prior to the expiry of the coverage duration period, for coverage to be valid.

Individual Travel Health top-up plans vary in coverage, medical stability requirements, duration, exclusions and limitations. Please be sure to review with the carrier of your choice. Should you wish to purchase individual Travel Health top-up coverage, HUB International has a service called Emerge that provides assistance in obtaining a personal plan that will best meet their budget and needs. For further details, please visit: www.hubinternational.com/emerge or email: emerge@hubinternational.com.

What is Coordination of Benefits (COB)?

Coordination of Benefits, or COB, is a benefit claim procedure developed by the Canadian Life and Health Insurance Association (CLHIA) for individuals covered under two or more Health and/or Dental plans.

Applying this procedure ensures that you and your dependents receive the maximum eligible benefits available from all plans under which you are covered. It also outlines the method used for determining where to submit your claims first. The Explanation of Benefits (EOB) is an important document in the application of COB. An EOB (also called a payment summary) is a letter from the insurance company which is sent to you with the claim reimbursement. It outlines the amount of the expense and how much has been reimbursed. For drug claims paid via your drug card, your pharmacy receipt is considered your EOB.



*If the parents are separated or divorced, the first payor is the parent with custody of the child. Please refer to CLHIA COB guidelines for more information.

More information on Coordination of Benefits can be found at [CLHIA Coordination of Benefits Guide](#).