MANITOBA BLUE CROSS®

THECOLOUROFCARING®

Winnipeg

The City Of Winnipeg Retiree Group Benefits Plan

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Introduction

Welcome!

Manitoba Blue Cross is very pleased to have been selected to provide these benefits.

The information contained in this booklet summarizes the important features of your benefits program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits program are described in the Agreement held by your employer.

In the event of any difference between the terms in the book and those of the Agreement, the terms of the Agreement shall prevail.

Where legislated, you have the right to request a copy of the following documents:

- Your enrolment form or application for insurance.
- Any written statement or other record, not otherwise part of the application, provided as evidence of insurability.
- You may also request, with reasonable notice, a copy of the Agreement for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies.

All requests for copies of documents should be directed to the Corporate Privacy Officer at mbcprivacyofficer@mb.bluecross.ca or:

Corporate Privacy Officer
Manitoba Blue Cross
PO Box 1046 Stn Main
Winnipeg MB R3C 2X7

If you require any further information concerning your benefits, contact Manitoba Blue Cross directly at **204.775.0151** or toll-free (within Manitoba) at **1.800.873.2583** or (outside Manitoba but within Canada) at **1.888.596.1032**.

We look forward to serving you!

Your Agreement Number is #95155.

Issued: May 2026

Coverage Details

Benefit Summary

Ambulance/Hospital Benefits

No deductible.
100% reimbursement of eligible expenses.

Extended Health Benefits

No deductible.
80% reimbursement of eligible expenses.
No overall benefit maximum.

Travel Health Benefits

No deductible.
100% reimbursement of eligible expenses.
Includes International Travel Assistance.
Trips including travel outside of Canada are limited to 30 days.
Maximum benefit payment of $5,000,000 per person per claim.

Dental Benefits

No deductible.
Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the Manitoba Dental Association which is in effect at the time the services are provided.

Your plan provides dental benefits to a maximum of $750 per person per calendar year.

You will be reimbursed:

Basic Services
80% of eligible expenses.

Major Services
50% of eligible expenses.

Coverage prerequisites are in place for the following benefits:

- Extended Health - requires Ambulance/Hospital Benefits
- Dental - requires Ambulance/Hospital and Extended Health Benefits
- Travel - requires Ambulance/Hospital and Extended Health 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.

Eligibility

Health and dental benefits are available to all retired employees, including their spouse and dependent children. Newly retired employees become eligible for Plan benefits on their date of retirement.

Retired employees who were not covered as an active employee, but were covered under their own or their spouse's group plan are eligible in the event the coverage is terminated. Retirees must apply for coverage within 60 days from termination of coverage.

Benefits are available to your legal or common-law spouse.

The term "spouse" means the person who is legally married to you, or has continuously resided with you for not less than one full year having been represented as members of a conjugal relationship. At no time will Blue Cross provide coverage for more than one spouse.

The term "dependent" means all natural children, legally adopted children, stepchildren and children for whom you stand "in loco parentis" (i.e. in the place of a parent"). 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 22 and dependent upon you for support, or unmarried and under the age of 25 and be in full-time attendance at an accredited educational institution, college, or university. A child is not eligible if they are an employee under this or any other Group Benefits Program.

The age restriction does not apply to a physically or mentally incapacitated child who had this condition prior to age 22, or unmarried and under the age of 25 and in full-time attendance at an accredited educational institution, college or university.

The Ambulance/Hospital, Extended Health, Travel Health and Dental benefits are offered to retirees on a non-mandatory basis, at a special group rate with pre-authorized debit of premiums.

The Ambulance/Hospital and Extended Health Care benefits are a prerequisite to the Dental benefits .

The Ambulance/Hospital and Extended Health Care benefits are a pre-requisite to the Travel benefits.

Once enrolled, you may opt out of the plans as described on page 18 Reduction or Termination of benefits.

Ambulance/Hospital Benefits

You will be reimbursed 100% of eligible expenses.

Summary of Benefits

- **Ambulance Benefits**
  Payment of reasonable and customary charges for ambulance services provided within your province of residence, and 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 an attending physician if the patient is non-ambulatory (can't walk) 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.
- **Hospital Benefits**
  If you are hospitalized upon the recommendation of a physician and confined as an in-patient in a hospital and receive semi-private accommodation, either in or outside of your province of residence, Blue Cross will pay the differential between the standard ward rate and the semi-private rate at the per diem rate in effect at that time in the Province of Manitoba.
- **Medical Accommodation**
  Payment for the charges for medical accommodation from an approved provider if you require diagnostic testing or treatment at a hospital located outside a 60 km radius from your home. Prior authorization is recommended.
- **Stretcher Service (Medical Van)**
  Charges for "non-emergency" transport by a participating stretcher service are covered up to a lifetime maximum of $250 per person.

Exclusions and Limitations

- If you are hospitalized prior to the effective date of your coverage, you will not be entitled to benefits until the first of the month following 30 days after your discharge from the hospital.
- Manitoba Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.
- Manitoba Blue Cross is not responsible for any semi-private/private hospital room charges which in the absence of this or similar coverage would not be charged.

General Exclusions may apply.

Extended Health Benefits

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.

Summary of Benefits

- **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.
- **Athletic Therapist/Physiotherapist/Massage Therapist/Chiropractor**
  Charges for the services of massage therapist when prescribed by the attending physician or nurse practitioner. Athletic therapist, physiotherapist, massage therapist or chiropractor are subject to a combined maximum of $350 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 or nurse practitioner.
- **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.
- **Drugs** BLUENET
  Eligible drug expenses are limited to a maximum of $ 950 per certificate per calendar year.

  This benefit covers prescribed eligible drugs that appear on the formulary listed below:
  - Provincial Managed Formulary: List of Eligible Drugs determined by the Provincial formulary based on employee's province of residence based on current, evidence-based medicine and judgment of Physicians, pharmacists and other experts in the diagnosis and treatment of disease and preservation of health.

  This benefit also covers the expenses listed below:
  - diabetic supplies, including test strips, lancets, needles, syringes and insulin pump supplies.
  - preparations and compounds if the main ingredient is an eligible drug listed in the above formulary.

  An eligible drug is:
  - 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 co-ordination 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.
- **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.

Extended Health Benefits

- **Medical Appliances**
  Charges for rental, purchase or repair of:
  - manual or electric wheelchair, including cushions and inserts, manual or electric hospital bed including mattress and safety rails, when prescribed by the attending physician or nurse practitioner to a lifetime maximum of $1,000 per item per person.
  - equipment for the administration of oxygen when prescribed by the attending physician, nurse practitioner or occupational therapist to a lifetime maximum of $1,000.
  - walkers when prescribed by the attending physician or nurse practitioner.
  - other medical equipment when prescribed by the attending physician or nurse practitioner to a lifetime maximum of $500 per person.
- **Mental Health Practitioners**
  Charges for the services of a clinical psychologist, psychotherapist, psychiatric nurse, family and marriage counsellor, addiction counsellor, mental health counsellor and social worker to a combined maximum of $ 350 per person per calendar year.
- **Nutritional Counselling**
  Charges for the services of a registered dietitian to a maximum of $ 350 per person per calendar year.
- **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.

  A copy of a prescription from the attending physician, nurse practitioner or podiatrist is required which includes a medical diagnosis and detailed description of the orthopedic shoes and modification(s).

  Payment is limited to a combined maximum of $300 per person per calendar year.

  Boots, sandals or sport specific footwear are not eligible.
- **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 or nurse practitioner, to a maximum of $ 5,000 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 and Remedial Equipment**
  Charges for rental, purchase or repair of:
  - casts, canes and crutches when prescribed by the attending physician or nurse practitioner.
  - artificial limbs and eyes when prescribed by the attending physician or nurse practitioner.
  - breast prostheses and surgical bras when prescribed by the attending physician or nurse practitioner to a maximum of $100 per single mastectomy and $200 per double mastectomy per person per calendar year.
  - wigs or hairpieces when prescribed by the attending physician or nurse practitioner 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 or nurse practitioner.
- **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 $2,500 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:

- Orthodontic services.
- Dental implants.
- 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.
- Expenses associated with the following categories of drugs or services:
  - drugs or medicines in excess of a 100-day supply;
  - over the counter medications;
  - varicose vein injections;
  - smoking cessation aids;
  - vaccines;
  - vitamins;
  - treatments for weight loss, proteins and food or dietary supplements;
  - natural health products including homeopathic products, herbal medicines, traditional medicines, nutritional and dietary supplements;
  - fertility treatments;
  - sexual dysfunction treatments; or
  - all forms of cannabis.

General Exclusions may apply.

Travel Health Benefits

- Travel insurance is designed to cover losses arising from unexpected, sudden or unforeseeable circumstances. It is important that you read and understand your benefit booklet before you travel as your coverage may be subject to certain limitations or exclusions.
- Your policy may not provide coverage for medical conditions and/or symptoms that existed before your trip. Please review your coverage information carefully to see how it may apply to your trip.
- In the event of an accident, injury or sickness, your prior medical history may be reviewed when a claim is made.
- Please review the International Travel Assistance section. You may be required to notify the designated assistance company prior to treatment. Your policy may limit benefits should you not contact the assistance company within a specified time period.

Trip details:

- The coverage duration period is 30 days for any trip that includes travel outside of Canada. Coverage beyond this period can be purchased on an individual basis. You must purchase the coverage for the remainder of the trip prior to the expiry of the coverage duration period.
- All trips must originate and terminate in your province of residence.

Summary of Benefits

Benefits are payable to a maximum of $5,000,000 per person per claim. In the event of a claim, proof of departure date and return dates will be required.

Age 65 and over subject to a pre-existing clause.

You are covered for 100% of the expenses listed below:

- **Accidental/Emergency Dental**
  - 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. Treatment must be rendered within 180 days following the date of the accident. The maximum amount payable is $3,000 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.
- **Ambulance Services**
  - Ambulance service from the place of illness or accident to the nearest hospital capable of providing appropriate treatment.
  - Economy air transportation by stretcher to your home city in Canada if you have received treatment at a hospital as an in-patient.
- **Blood and Blood Plasma**
  Blood and blood plasma if not available free of charge.
- **Board and Lodging**
  Additional expenses incurred for board and lodging by a relative or friend remaining with you during your hospitalization as an in-patient. To be eligible for coverage, the relative or friend must be travelling with you and also be covered by a Blue Cross Travel Health Plan. Only expenses incurred after the termination date of your trip are eligible.
- **Dependent Escort**
  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 are air evacuated to Canada for medical reasons.
- **Drugs or Medicines**
  Drugs or medicines which are prescribed by a physician and dispensed by a licensed pharmacist, excluding vitamins and vitamin preparations, over the counter drugs, or patent and proprietary medicines available without a written prescription from a physician.
- **Emergency Remote Evacuation**
  Emergency evacuation by a commercial operator licensed to convey passengers from a mountain, body of water or other remote location to the nearest qualified medical facility capable of providing appropriate treatment when a regular ambulance cannot be used to a maximum of $5,000 per person.

Travel Health Benefits

- **Hospital In-patient Allowance**
  An allowance of $40 per day for each day you are hospitalized as an in-patient. Maximum coverage $1,000.
- **Hospital Services**
  - Hospital in-patient and out-patient services and supplies.
  - Medical and surgical services by a legally qualified physician. Charges for services rendered in connection with general examinations, chronic or on-going care, or for check-up or cosmetic purposes are not eligible expenses.
- **Medical Evacuation**
  - Subject to the discretion of Blue Cross, medical evacuation to a hospital in the patient's province of residence if the evacuation is not harmful to the patient's health. Prior approval must be obtained from Blue Cross.
  - Additional cost, if any, of the most direct return (economy) air travel from the place where you were hospitalized as an in-patient to your 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 coverage also applies to your family (spouse and dependent children) or one travelling companion who is covered by a Blue Cross Travel Health Plan and is travelling with you at the time of illness or accident.
- **Paramedical**
  - Physiotherapy when provided in a hospital.
  - Chiropractic and/or a podiatrist services. A letter from the attending physician must be presented indicating treatment was for acute rather than chronic care.
- **Private Duty Nursing**
  Private duty nursing care during or immediately following hospitalization as an in-patient. The services must have been recommended by the attending physician and the nurse must not be a relative of the patient.
- **Repatriation Benefit**
  In the event of loss of life, up to $7,500 towards the cost of transporting the deceased to their home city in Canada (including cost of preparation and standard transportation container), or up to $5,000 for cremation or burial at place of death.
- **Replacement of Eyeglasses or Contact Lenses**
  Repair or replacement of prescription eyeglasses or contact lens or lenses due to accident or injury to a maximum of $100 provided that the injury was treated by a physician or dentist.
- **Return of Pet/Vet Charges**
  - Cost of returning your pet to your home city in Canada to a maximum of $500 per pet, in the event you are confined in hospital for at least three days outside of your province of residence.
  - Coverage for emergency veterinary care due to unexpected injury of your pet to a maximum of $200 per pet.
- **Return of Vehicle**
  Charges of up to $4,000 towards the cost of the return of your private or rental vehicle used for the trip, to your place of residence, or nearest rental agency, in the event you are unable to drive the vehicle.
- **Transportation to Bedside/Identify Deceased**
  - Transportation to your bedside for your spouse or any one family member to be with you while confined in hospital as an in-patient for at least three days outside of your province of residence. This benefit must be supported by the written verification of the attending physician that your medical condition was serious enough to require the visit. Transportation will also be allowed for a family member travelling to identify the deceased prior to release of the body, if required by law. Coverage includes round-trip economy airfare on a commercial flight via the most direct cost effective route from Canada to the place where illness or accident occurred.
  - Commercial accommodations and meals for a person travelling to your bedside or travelling to identify a deceased family member to a combined maximum of $200 per day to a maximum of $2,500.

Travel Health Benefits

International Travel Assistance

How do you find good medical care when you are faced with an emergency in a foreign country? You may not speak the language, you may be incapacitated and you will most likely not know where to get professional care. Through your Group Plan you now have assistance for all of these problems.

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

- You are hospitalized or about to be hospitalized.
- You need assistance in locating the proper medical care nearest you.
- Insurance verification is required (this may be confirmed by the physician/hospital through our international travel assistance provider directly).
- You are involved in an accident requiring medical treatment.
- You have a medical problem and require translation service.
- Emergency evacuation is deemed medically necessary (arrangements will be made through our international travel assistance provider).
- Any serious medical problem arises.

Be prepared to give the name of the person covered, the group and contract number and a 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.

The international travel assistance toll free telephone numbers are located on the back of your identification card for your convenience.

For general inquiries call Manitoba Blue Cross at 204.775.0151 or toll free (within Manitoba only) 1.800.USE.BLUE (1.800.873.2583), (outside Manitoba, but within Canada) 1.888.596.1032.

Contact our 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 covered person to obtain medical treatment.

Exclusions and Limitations

The following are not eligible:

- Any travel health benefit services or charges on behalf of any person age 65 and over resulting from a pre-existing condition that was not stable for 90 days prior to your date of departure for your trip.

  "Pre-existing condition" is any illness or medical condition for which you were prescribed, recommended or received medical treatment, consultation, care or services including diagnostic measures or have had the dosage or frequency of any medication reduced, increased, stopped and/or a new medication prescribed during the 90-day period immediately prior to your departure date for the trip in question.

  A pre-existing condition would not include consulting a health care professional for a previously identified medical condition that has not changed, is not worsening and there has been no alteration in treatment.

  A pre-existing condition would not include changes from a brand name medication to a generic brand of the same dose or the routine adjustment of Coumadin, warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped and there has been no change in your medical condition).
- Students in full-time attendance at a learning institution outside of Canada.
- Any person travelling against medical advice.
- Any medical condition relating to childbirth and/or delivery, in the event that any portion of travel outside your province of residence falls after the 31st week of gestation.
- A medical condition for which it was reasonable to expect treatment or hospitalization during the trip.
- Any treatment or surgery which is not for emergency treatment.
- Any person travelling for the purpose of securing or with the intent of receiving medical or hospital services whether or not such trip is taken on the advice of a physician.
- Any treatment or surgery which is not required for the immediate relief of acute pain or suffering or which reasonably could have been delayed (on medical evidence) until the patient returned to their province of residence.
- Any medical condition that occurs or recurs after Blue Cross or the international travel assistance provider recommends returning home to Canada following emergency treatment and you choose not to return.
- Any medical condition resulting from non-compliance with any prescribed medical therapy or medical treatment or failure to carry out a physician's or health care practitioner's instruction.
- Expenses incurred beyond the 30-day coverage duration period.

General Exclusions may apply.

Dental Benefits

Dental services are subject to a maximum of $ 750 per person per calendar year.

You will be reimbursed:

- 80% of eligible expenses for "Basic" dental services, and
- 50% of eligible expenses for "Major" dental services.

Benefit payments are based on the Dental Fee Guide, excluding the Manitoba Northern Fee Guide, established by the Manitoba Dental Association which is in effect at the time the services are provided.

Basic Services Covered

1. **Diagnostic:**
   - Complete examination once every 3 calendar years.
   - Recall or oral examinations twice in each calendar year.
   - Periapical x-rays.
   - Full mouth x-rays or panorex x-rays once every 2 calendar years if necessary.
   - Biopsies.
2. **Preventive:**
   - 1 unit of polishing twice in each calendar year.
   - Topical application of fluoride. Up to 2 applications in each calendar year.
   - Space maintainers (except when used for orthodontic purposes).
   - Appliances to control harmful oral habits.
3. **Extractions:**
   - Uncomplicated procedures for the removal of teeth which are beyond restoration.
4. **Restorative:**
   - Fillings made of amalgams, silicates, plastics and synthetic porcelains.
   - Repair of damaged dentures. Adding teeth to existing dentures. Relining or rebasing the dentures is limited to once every 3 calendar years.
5. **Accidental injury:**
   - Major and orthodontic dental services as a result of an accident, to a maximum of $ 1,000 per person per calendar year. Treatment must commence within 90 days of the accident.
6. **Endodontics:**
   - The usual procedures required for pulpal therapy and root canal filling.
7. **Periodontics:**
   - The usual procedures for treatment of the diseases of the tissues and bones supporting the teeth.
   - Bruxism appliance, once every 2 calendar years for an upper and lower.
8. **Oral surgery:**
   - Complicated surgical procedures performed in the dentist's office including post-operative care.
9. **Anesthesia:**
   - General anesthesia or nitrous oxide analgesia administered in the dentist's office.

Dental Benefits

Major Services Covered

1. **Extensive restorations:**
   - Inlays and onlays (one per tooth every 5 calendar years).
   - Jackets, crowns and bridges to rebuild and replace missing teeth. (Only one procedure per tooth every 5 calendar years.)
   - Note: Please refer to number 5 of "Exclusions and Limitations".
2. **Prosthetic:**
   - Partial or complete upper and lower dentures, provided by a dentist or licensed denturist. Each procedure limited to once every 5 calendar years. Allowances include all adjustments.
   - Dental implants, once per lifetime per tooth.

Pre-Treatment Authorization

The pre-authorization requirement has been established primarily to protect you, by having possible misunderstandings resolved before expensive dental work is carried out.

If the cost of all treatments planned is expected to exceed $500, Manitoba Blue Cross must approve the work in advance. After listing the work planned, your dentist will submit your claim form, with supporting x-rays, directly to Manitoba Blue Cross. A notice of assessment will be issued to you and your dentist.

Importance of the Fee Guide

Benefits paid by the plan are based on a specific dental fee guide established by your provincial Dental Association. While they are not required to do so, the majority of dentists charge according to the rates set out in the fee guide.

When going to a dentist for the first time, it is suggested that you inquire about how they set the rates before any work is carried out. If the dentist charges more than the fee guide, you will be responsible for the excess. In no event will the plan pay more than the eligible amount as specified by the fee guide in effect at the time the services were provided.

Dental Benefits

Exclusions and Limitations

Manitoba Blue Cross will not pay for the following:

1. Fees arising out of extra services arranged for privately between the patient and dentist.
2. Oral hygiene instruction and plaque control programs.
3. Charges for appliances, which have been lost, broken or stolen.
4. Gold, crown, fixed bridge, veneers or other extensive treatment when another material or procedure would have been a reasonable substitute consistent with generally accepted dental practice. Where a reasonable substitute was possible, the covered expense would be that of the customary substitute.
5. Separate charges for general anesthesia except in connection with office procedures as specified in your plan.
6. Bleaching of teeth.
7. Root canal on a permanent tooth more than once per lifetime per tooth.
8. Snoring or sleep apnea appliances.
9. Charges for treatment other than by a dentist, except for treatment performed in a dental office under the supervision and direction of a dentist by personnel duly licensed or certified to perform such treatment under applicable professional statutes and regulations.
10. Diagnostic photographs.
11. Precision attachments.
12. Hypnosis and dental psychotherapy.
13. Provision for facilities in connection with general anesthesia.
14. Polishing restorations.
15. Any procedure in connection with forensic dental.

General Exclusions may apply.

General Exclusions

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.
- Services and supplies for cosmetic purposes.
- 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.

Claiming for Benefits

Claim forms are available from Manitoba Blue Cross or on our website at:

www.mb.bluecross.ca

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

Note: Claims for all benefits listed in this booklet submitted 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.

In the event Manitoba Blue Cross determines that benefits are not payable, the Participant has a right to appeal the decision by providing written notice to Manitoba Blue Cross.

The time limitation to bring an action against Manitoba Blue Cross under this policy begins on the date of the initial written denial from Manitoba Blue Cross and extends until the expiry of the minimum limitation period prescribed by the applicable provincial legislation.

Every action or proceeding against Manitoba Blue Cross for the recovery of insurance money payable under the policy is absolutely barred unless commenced within the time set out in the Insurance Act or other applicable legislation.

Ambulance/Hospital Benefits

Ambulance and hospital 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.

Prescription Drugs BLUENET

Prescription drug benefits are available through 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 certificate 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 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.

Extended Health Benefits

Claims for other eligible expenses under your extended health benefits must be submitted with a completed health claim form and include itemized receipts and required documentation i.e.: doctor's prescription, referral, provincial plan statement.

Travel Health Benefits

All travel-related claims can be submitted to CanAssistance through the secure upload feature on their website at canassistance.com or by mail to:

CanAssistance Travel Claims

PO BOX 3888, Station B
Montreal (QC) H3B 3L7

In the event of a claim, you will have to provide proof of departure and return date (airline tickets, passport stamps, boarding passes, travel itineraries and dated receipts are examples of acceptable proof).

CanAssistance travel forms for Manitoba Blue Cross members are located on the Manitoba Blue Cross website.

Should you have any questions about your claim, you should contact CanAssistance at 1.866.601.2583 (toll free).

Your travel health coverage will be eligible for direct billing with physicians, hospitals and clinics across the U.S. who are a part of the CanAssistance network. This means if you are eligible and the service is deemed to be covered, medical expenses will be processed immediately. You won't have to pay medical fees upfront and wait for reimbursement. You will only have to submit and sign the claim form and pay for other fees incurred (e.g., prescription medication).

How direct billing in the U.S. works:

1) Before seeking treatment, contact CanAssistance at 1.866.601.2583 (toll free) or 204.775.2583 (collect – country code may be required). These numbers are also located on the back of the Manitoba Blue Cross ID Card.
2) A CanAssistance representative will confirm your coverage for emergency medical care.
3) The representative will refer you to a medical facility that is as close as possible to your location, and they will email you an ID card to present upon arrival. They will also forward an authorization of service form to the facility. Either of these documents will exempt you from having to pay upfront for medical care or from having to make a deposit
4) Following treatment, CanAssistance will review the specific details of the claim and, provided there are no exclusions in place specific to the treatment, payment will be made directly to the medical facility.

Dental Benefits

1. Obtain a dental claim form from Manitoba Blue Cross' website. (A separate claim form is required for each member of your family obtaining dental services.) Present the dental claim form to your dentist on the first appointment.
2. Following the examination, the dentist will discuss a proposed course of treatment and possibly book follow-up appointments. If the cost of treatment exceeds $500, or if treatment consists of major dental services (crowns, bridges, orthodontics, etc.) the dentist will have to submit a completed claim form to Manitoba Blue Cross for approval prior to treatment being started. If the treatment cost is less than $500 or is for basic dental services, the dentist will retain the claim form until the course of treatment has been completed.
3. Your dentist has the option of billing Manitoba Blue Cross directly, or continuing to bill you. Please inquire at the beginning of treatment how billing will be made. If your dentist chooses to seek payment directly from Manitoba Blue Cross, it will not be necessary for you to submit the claim. You will be asked to sign the benefits over to the dentist, where indicated on the claim form.

Claims and inquiries should be directed to:
Manitoba Blue Cross
599 Empress Street
Winnipeg MB R3G 3P3
204.775.0151
1.800.873.2583 (within Manitoba)
1.888.596.1032 (outside Manitoba but within Canada)

Coordination of Benefits

Coordination of benefits is available when both spouses in a family have health and/or dental benefits provided by their places of employment, or through retiree or individual plans.

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 certificate 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 month and day of birth would be the "primary" carrier. The claim would then be processed according to the procedures listed above.

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.

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  - Check benefit eligibility
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  - Update direct deposit information
  - Update certificates

Plus, with mybluecross® you'll also gain exclusive access to My Good Health® (our online health resource) and Blue Advantage® (our national discount program).

How to Register:

- Visit www.mb.bluecross.ca
- Click on **Register** at the top right corner of any page
- Enter your ID card information and verify your account

The protection of information is very important to us at Manitoba Blue Cross. You can be assured all your information is kept safe and confidential.

For more information please call Manitoba Blue Cross at 204.775.0151 or toll free at 1.800.USE.BLUE (873.2583).

Changes in Status

Reporting Changes

You must notify Manitoba Blue Cross within 60 days of change in your own or your dependents' status resulting from marriage, divorce, separation, termination of a 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 Manitoba Blue Cross.

Retirees will be permitted to change their Health and Dental coverage at any time if a life event occurs. This includes:

- Loss or gain of spouse (legal or common-law) - marriage, death*, divorce
- Loss or gain of dependent child
- Dependent no longer meets definition of eligibility
- Loss or gain of spousal group coverage.

* Survivor Benefits are subject to premium payments.

Births

Your newborn children must be added to your plan as dependents within 60 days from the date of birth.

Reduction, Upgrading, or Termination of Coverage

Retirees enrolled in this plan are permitted to reduce benefits by opting out of:

(1) dental benefits
(2) the extended health benefits plan and dental benefits
(3) travel health benefits, or
(4) the entire benefits package.

The following restrictions apply:

(1) you have the option to opt out during a re-enrollment year (occurs every two years), within 60 days of a life event, or at the end of the year (December 31) following the date requested.
(2) you will be permitted to reduce or upgrade your coverage during a re-enrollment year (occurs every two years) or due to a life event.
(3) you will be permitted to reduce, upgrade,or rejoin during an open enrollment period.
(4) if you opt out of the plan, you are only permitted to rejoin in the event of one of the following situations:

- if you waived coverage due to duplicate group coverage or because you were covered as an employee under another group plan, you will be 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 group plan. Please complete the Proof of Loss form found on the online portal website.
- if you opted out of 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.

If you are moving out of Manitoba, you may opt out of the plan. In the event that 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.

Coverage will be terminated due to non-payment of premiums.

Once notice of termination is received, your coverage will automatically be cancelled at the end of the month in which notification is received.

Note: Once enrolled, you will not be permitted to opt out except as stated above, or in the event of duplicate group coverage. If this situation arises, your request to cancel must be received by Manitoba Blue Cross within 60 days of the effective date of the new plan.

Changes in Status

Identification Card

You will receive an identification card which identifies you and your eligible dependents, and your coverage. Whenever you are claiming benefits from this Plan, be sure to quote your certificate number in the space provided on the claim form.

If you have lost or misplaced your ID card, log on to mybluecross® to print an ID card or request a new card. The new card will be sent to you within five business days.

General Information - Description of Terms

- **Athletic Therapist** is skilled in the profession of athletic therapy, which specializes in the prevention and care of musculoskeletal disorders (muscles, bones, joints) especially as they relate to athletics and the pursuit of physical activity.
- **Benefits** are the eligible expenses as outlined for each Benefit Plan subject to the exclusions and limitations.
- **Blue Cross Provider** is a provider of services whose qualifications meet the criteria established by Manitoba Blue Cross and whose services have been deemed eligible by Manitoba Blue Cross.
- **Certified Foot Care Nurse** provides assessment, planning, implementation and evaluation of the foot care plan.
- **Clinical Psychologist** is trained to assess and diagnose problems in thinking, feeling and behaviour as well to help people overcome or manage these problems.
- **Coverage** means the benefits as described herein.
- **Dependent** means the employee's spouse and dependent children.
- **Employer** means the City of Winnipeg.
- **Group** means a number of employees having a common employer or otherwise identified with each other under an arrangement approved by Manitoba Blue Cross and where the premiums are remitted collectively.
- **Nutritional Counselling** performed by a registered dietitian, can identify nutrition problems, assess nutritional status, develop care plans and monitor the effectiveness of dietary changes and may specialize in weight control, diabetes, heart disease, cancer, children and infants, seniors, or other special medical needs.
- **Physiotherapy** is the treatment and prevention of physical injuries and movement problems.
- **Podiatrists** are medically trained healthcare professionals who specialize in diagnosing and treating disorders of the foot and lower limb.
- **Subscriber** means any employee, annuitant, or class of member who is eligible for coverage.
- **Premium** means the monies payable to Manitoba Blue Cross for the benefits to be made available.
- **Usual, Customary, and Reasonable"** means the following:
  - **Usual** is the usual charge for a given service or supply by an individual providing services or supplies hereunder in his personal practice.
  - **Customary** is that range of usual charges by individuals providing services or supplies hereunder of similar training and experience for the same service within a specific limited geographic or socio-economic area.
  - **Reasonable** is a charge which meets the above two criteria, or, in the opinion of the provider's professional association, is justifiable in the special circumstances of the particular case in question.

Words importing the masculine gender include the feminine; words in the singular include the plural; and the words in the plural include the singular.