



# HEALTH BENEFITS FREQUENTLY ASKED QUESTIONS

Effective January 1, 2026

*This document is intended to be used only as an information source. If there are any discrepancies between the group contracts and the information in this document, the group contract will take priority.*

## FAQ CATEGORIES

### Benefits

[Voluntary Employee Paid Benefits](#)

### General Benefit Administration FAQs

[Cost Share & Premium Deductions while on LOA/Layoff](#)

[Eligibility](#)

[Manitoba Blue Cross](#)

[Claims](#)

[Insurance Terms](#)

[Retiree Benefits](#)

### Support

[Additional Information](#)

## VOLUNTARY EMPLOYEE PAID BENEFITS

### What are the Voluntary Employee Paid Benefits?

Voluntary Employee Paid Benefits includes Extended Health and Travel Health and are 100% employee paid. Note, MGEU/WFP SOA full-time employees are only eligible to elect Voluntary Travel Health.

### Extended Health (with BlueNet)

Extended Health benefits provide coverage for medical expenses that are not covered by the provincial health plan. Extended Health Benefits are categorized as:

- **Prescription Drugs** – must be prescribed and included under the provincial formulary. With BlueNet coverage, accepted claims for drug purchases will be processed in real-time at participating pharmacies; i.e. you will only be required to pay for the portion of the prescription drug cost for which you are responsible.
- **Paramedical Services** – services provided by licensed medical professionals such as chiropractors, physiotherapists and more.

- **Medical Services & Supplies** – aid in the care and support of eligible plan members including services such as private duty nursing, medical equipment, prostheses, etc.

Extended Health reimbursement of expenses and services are subject to coinsurance and maximums. Please refer to your benefits booklet for full details including eligible practitioners, prescription requirements, coinsurance, and applicable maximums.

### Travel Health

Travel Health provides coverage for employees and their eligible dependents in the event of an out-of-province/country medical emergency for trips up to 90 days provided provincial health care is in place at time of claim.

Travel Health insurance is designed to cover losses arising from unexpected, sudden, or unforeseeable circumstances which cannot be reasonably anticipated based on your health leading up to departure. Coverage does not include trip

cancellation, trip interruption or loss or damage of baggage, nor will you be covered if you are travelling against medical advice. Please refer to the benefit booklet for details on trip limits, stability requirements and benefit provisions.

**Where can I get more information about the Voluntary Employee Paid Benefits?**

The creation of a Voluntary Employee Paid Benefits booklet is currently in progress. Once available, the booklet will be posted to the City of Winnipeg's Leave/Layoff portal:

[www.hubinternational.com/citywpgbenefits](http://www.hubinternational.com/citywpgbenefits).

**Can I join the Voluntary Employee Paid Benefits (Extended Health &/or Travel Health) while on a leave of absence or layoff?**

No. Employees must be actively at work for benefits to be activated even if they become eligible when not actively at work. An employee cannot be enrolled in benefits while inactive – LOA, layoff, etc.

**Can I purchase additional individual Travel Health insurance to top up the Travel Health coverage; i.e. to extend coverage beyond the trip limit of 90 days?**

Yes, Manitoba Blue Cross allows for plan members to purchase individual travel top-up coverage to extend your Travel Health Benefits beyond the 90-day trip limit that is within the Voluntary Travel Health Benefit. For example, if you are taking a four-month trip, your first 90 days would be covered by the Voluntary Travel Health plan, and you can purchase additional coverage for the remainder of the trip.

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 your budget and needs. For further details, please visit:

Online: [www.hubinternational.com/emerge](http://www.hubinternational.com/emerge)

Toll-free: 1-866-756-3281, or

Email: [emerge@hubinternational.com](mailto:emerge@hubinternational.com)

## General Benefits Administration FAQs

The following reflects administrative practices. Details provided below are for information purposes only. This information will be reflected on CityNet in the near future. No action is required on your behalf for any items outlined below.

### COST SHARE & PREMIUM DEDUCTIONS WHILE ON LOA/LAYOFF

#### Which benefits does the City of Winnipeg pay for once eligibility has been met?

The City of Winnipeg pays the full cost of the Employer Paid Benefits once you have met the eligibility requirements for Ambulance/Hospital, Vision, Dental and Extended Health (if applicable as per collective agreement). The amount the City of Winnipeg contributes for your Employer Paid Benefits is based on your Family Status (Single or Family) and will be reflected on your pay remittance advices.

#### What happens to my employer paid benefits while I am on leave or Lay off?

The continuation of employer paid benefits is based on the type of leave of absence and the bargaining unit that you belong to. Consult with your departmental HR representative for confirmation on the handling for your specific leave or lay-off.

#### What happens to my Voluntary Employee Paid Benefits while I am on leave?

At the commencement of the leave or lay off, you will have had an opportunity to maintain your coverage by setting up Pre-Authorized Debit (PAD) directly with Manitoba Blue Cross. Manitoba Blue Cross will have mailed you the application form to be returned by a specified deadline.

If you elect to maintain your Voluntary Employee Paid Benefits (Extended Health and/or Travel Health) coverage, PAD is set up directly with Manitoba Blue Cross with monthly deductions taken on the first business day of every month.

Once you return to work, you would pay via bi-weekly payroll deductions for any Voluntary Employee Paid Benefits (Extended Health and/or Travel Health) you enroll in.

You do not have the opportunity to join the Voluntary Employee Paid Benefits program while on leave of absence or layoff as you must be actively at work to enroll in the program.

#### What happens if there is a delay between PAD set up and first PAD premium deduction taken with Manitoba Blue Cross?

Based on the timing of your leave of absence (LOA) or layoff, you may be in the situation where Manitoba Blue Cross was not able to take the first PAD deduction. This situation occurs when your LOA or layoff begins the last week of the month before the PAD deduction is scheduled. There is a timing issue that may occur when the banking file was already sent and your PAD application was received after the file was generated. For example, this may occur if your LOA or layoff begins March 28<sup>th</sup>. In this example, you are responsible for the PAD deduction that begins April 1<sup>st</sup>.

Employees are responsible for the premiums and in the event there is a delay in set up due to the timing, Manitoba Blue Cross will collect any outstanding premiums via PAD via double deduction to clear any arrears that were created.

## What are the rates for Voluntary Employee Paid Benefits?

Effective January 1, 2026, the rates for Voluntary Employee Paid Benefits are as follows:

Benefit	Family Status	Monthly Rate	Bi-Weekly (24 Pays)
Voluntary Ambulance/Hospital	Single	\$1.08	\$0.54
	Family	\$2.94	\$1.47
Voluntary Travel Health (includes Travel Assistance)	Single	\$4.32	\$2.16
	Family	\$8.62	\$4.31
Voluntary Extended Health	Single	\$52.28	\$26.14
	Family	\$148.10	\$74.05

The costs of all benefits are reviewed annually and you will be notified of any change.

## Do costs for Voluntary Employee Paid Benefits change every year?

They could. The costs for Voluntary Employee Paid Benefits are impacted by claims utilization and inflation. Our plan is reviewed annually. You will be advised of any change.

## ELIGIBILITY

### When am I eligible to enroll in benefits?

You are eligible for benefits upon satisfying the waiting period:

- **Employer Paid Benefits** – varies by Employee group. Please check your collective agreement and/or contact Human Resources.
- **Voluntary Employee Paid Benefits** – there is no waiting period; coverage is effective 30 days following the date your Application for Group Benefits form is received by Human Resources. Payroll deductions for Voluntary Employee Paid Benefits begins the 1<sup>st</sup> payroll following your coverage effective date.

**Note:** Your eligibility is verified by Human Resources. Employees must be actively at work for benefits to be activated even if they become eligible when not actively at work. An employee cannot be enrolled in benefits while inactive – LOA, lay-off, etc.

### What benefits continue during your leave or layoff?

The benefits that are continued during your leave or layoff is dependent on your union and your type of leave. To confirm what benefits can be and/or have been extended for the duration of your leave, please contact Human Resources. Contact information is provided under the Support & Contact Information section of the portal website.

### 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.
- **Family** – means you either have a spouse (married or common-law) and/or have one or more 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. Only one spouse will be eligible for coverage. Former spouses due to marital breakdown are not eligible for benefits.

### 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 an Employee under this plan or any other group benefits plan.

### **What is a Life Event?**

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

Changes to dependent information are not updated with the insurance carrier at time of claim. Only information related to other benefits coverage for Coordination of Benefits purposes will be captured at time of claim.

### **What happens to my Surviving Spouse and/or Dependent Children in the event I pass away?**

Surviving spouses and/or dependent children can remain enrolled in the plan, subject to eligibility, for 24 months from your date of death for Employee Paid Benefits as well as in any applicable Voluntary Employee Paid Benefits you had in place at the time of passing.

Once the 24 months has expired, or if interested at any time in purchasing individual Health, Dental and/or Travel Health insurance, 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:

Online: [www.hubinternational.com/emerge](http://www.hubinternational.com/emerge)

Toll-free: 1-866-756-3281, or

Email: [emerge@hubinternational.com](mailto:emerge@hubinternational.com)

### **When does my coverage end in the event my employment terminates with the City of Winnipeg?**

Your coverage under both Employer Paid Benefits and any applicable Voluntary Employee Paid Benefits end on the date you terminate employment or retire.

Upon retirement, you may be eligible to enroll in the Retiree Group Benefits Plan. For more information about the Retiree Group Benefits Plan, please visit the portal site:

[www.hubinternational.com/citywpgretiree](http://www.hubinternational.com/citywpgretiree).

*Note: the portal site must be entered into the address bar of an internet browser; links cannot be accessed through a search function.*

## MANITOBA BLUE CROSS

### Will I receive a new Manitoba Blue Cross ID card?

If you elect to continue your Voluntary Employee Paid Benefits with Manitoba Blue Cross, you will receive a new Manitoba Blue Cross ID card. If your Employer Paid Benefits are continued during your leave of absence or layoff, you will be required to manage two (2) benefit cards. Unfortunately, this is a system limitation that results in you having two separate cards.

Your coverage will be separated by benefit card. You must ensure you present the applicable cards to the service providers (e.g. Pharmacist, Dentist, Optometrist, and/or Paramedical provider as applicable). Each benefit card will specifically note the coverage that is in-force.

Benefit Code	Benefit	Benefit Code	Benefit
AHB	Ambulance/ Hospital	EHB	Extended Health
DNT	Dental	TRV	Travel Health
VIS	Vision	VCA	Virtual Care Assistance (Gotodoctor, must have EHB)

If you do not receive your new card within one month of your enrollment of Pre-Authorized Debit (PAD) with Manitoba Blue Cross, please contact them directly through their Contact us page on [www.mb.bluecross.ca](http://www.mb.bluecross.ca) or by calling 204-775-0151 (toll free: 1-888-596-1032).


**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.

### How can I obtain a new Manitoba Blue Cross ID card in the future?

If you need a new Manitoba Blue Cross ID card due to loss or damage, visit [mybluecross.ca](http://mybluecross.ca) or contact the Manitoba Blue Cross Customer Service Centre to speak directly to a Customer Service Representative by calling 204-775-0151 or toll free 1-888-596-1032.

### 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](http://www.mb.bluecross.ca) and look for the  icon at the top of the page.
2. Choose the tab 'Sign Up' to be brought to the Registration page
3. 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 regarding the process and/or require assistance, please contact Manitoba Blue Cross directly through their Contact us page on [www.mb.bluecross.ca](http://www.mb.bluecross.ca) or calling 204-775-0151 or toll free 1-888-596-1032.

### Does Manitoba Blue Cross have a mobile app?

Yes. You can 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 can I sign up for direct deposit for claim reimbursement?

You can sign up for direct deposit for claim reimbursement via your mybluecross® account once registered. The benefit of signing up for direct deposit is faster claims reimbursement to your account.

### Who do I notify if I have a banking change?

If you have a change in banking information for claim reimbursement, please update your banking information through [mybluecross®](#).

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

Manitoba Blue Cross has an easy-to-use Plan Member site called **mybluecross**<sup>®</sup>. You can access coverage information, submit claims online for faster processing, view your claim status, claims history, Explanation of Benefits (EOB), and complete and print claim forms. You can visit [www.mb.bluecross.ca](http://www.mb.bluecross.ca) to register.

Or, you have the option of contacting the Manitoba Blue Cross Customer Service Centre to speak directly to a Customer Service Representative by calling 204-775-0151 or toll free 1-888-596-1032.

You can also access your benefits on the go by downloading the **mybluecross**<sup>®</sup> **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**<sup>®</sup> account to access the app.

## **CLAIMS**

### **What coverage will my claims be based on?**

Claims will be paid based on the coverage in place on the date the claim is incurred. Coverage is determined based on the collective agreement for your applicable union and employment status (Full Time or Part Time) in place on the date the claim is incurred. For example, some collective agreements have different levels of coverage.

### **Will I be able to submit my claims electronically?**

Yes. You can submit your Vision, Dental and/or Paramedical Provider if applicable (e.g. Physiotherapist, Psychologist, etc.) claims to Manitoba Blue Cross for faster processing. We encourage you to visit the Manitoba Blue Cross website to learn more about their on-line claim submission services.

### **Can my claims be paid by direct deposit?**

Yes. Please refer to the [Manitoba Blue Cross](#) section for more details.

### **Can my provider submit my claims directly to Manitoba Blue Cross?**

Yes, providers such as Physiotherapists, Psychologists and Optometrists are able to submit claims on your behalf as long as your health care provider is eligible. To find an eligible health care provider located near you, visit the Manitoba Blue Cross Plan Member site, **mybluecross**<sup>®</sup>.

Your provider will need to be registered with Manitoba Blue Cross in order to submit claims directly to the carrier.

### **I have Exception Drug Status (EDS) medications. Will I be covered under Manitoba Blue Cross?**

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.

### **Can my Pharmacist direct bill my Prescription Drug claims if I am enrolled in Extended Health?**

Yes, your Pharmacist will be able to direct submit your Prescription Drug claims to Manitoba Blue Cross with the BlueNet Drug Card if you are enrolled in Extended Health.

## INSURANCE TERMS

### What is coinsurance?

Coinsurance is the portion of an eligible claim covered by the plan, expressed as a percentage. For example, Voluntary Employee Paid Extended Health has 80% coinsurance for Prescription Drugs, which means that you will be reimbursed for 80% of the cost of an eligible prescription. The remaining 20% of the cost will be your responsibility. For example, if you paid \$80 for an eligible prescription, 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 does per person maximum mean?

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 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 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, x-rays, polishing, scaling, fillings, root canal therapy and removal of teeth.

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

### What are Paramedical Providers?

The term Paramedical Provider is used to describe registered medical professional practitioners including Athletic Therapist, Dietician, Physiotherapist, Podiatrist, and Psychologist, etc. Please refer to the Extended Health benefits summary to see the maximums and coinsurance amounts which can be found on the Manitoba Blue Cross Plan Member site, [mybluecross®](#).

### How do I access the Virtual Care Service Gotodoctor?

You can access online care and treatment at [gotodoctor.ca/mbbluecross](#). A brochure on Gotodoctor can be found on CityNet.

### 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 & (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.

### **I have Exception Drug Status (EDS). Will I be covered under Extended Health?**

Yes, according to your approval by Manitoba Health, but Manitoba Blue Cross will require a copy of the documentation approving the drug(s). If not already provided to Manitoba Blue Cross, 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.

### **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:

<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 City of Winnipeg Extended Health 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 of 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.

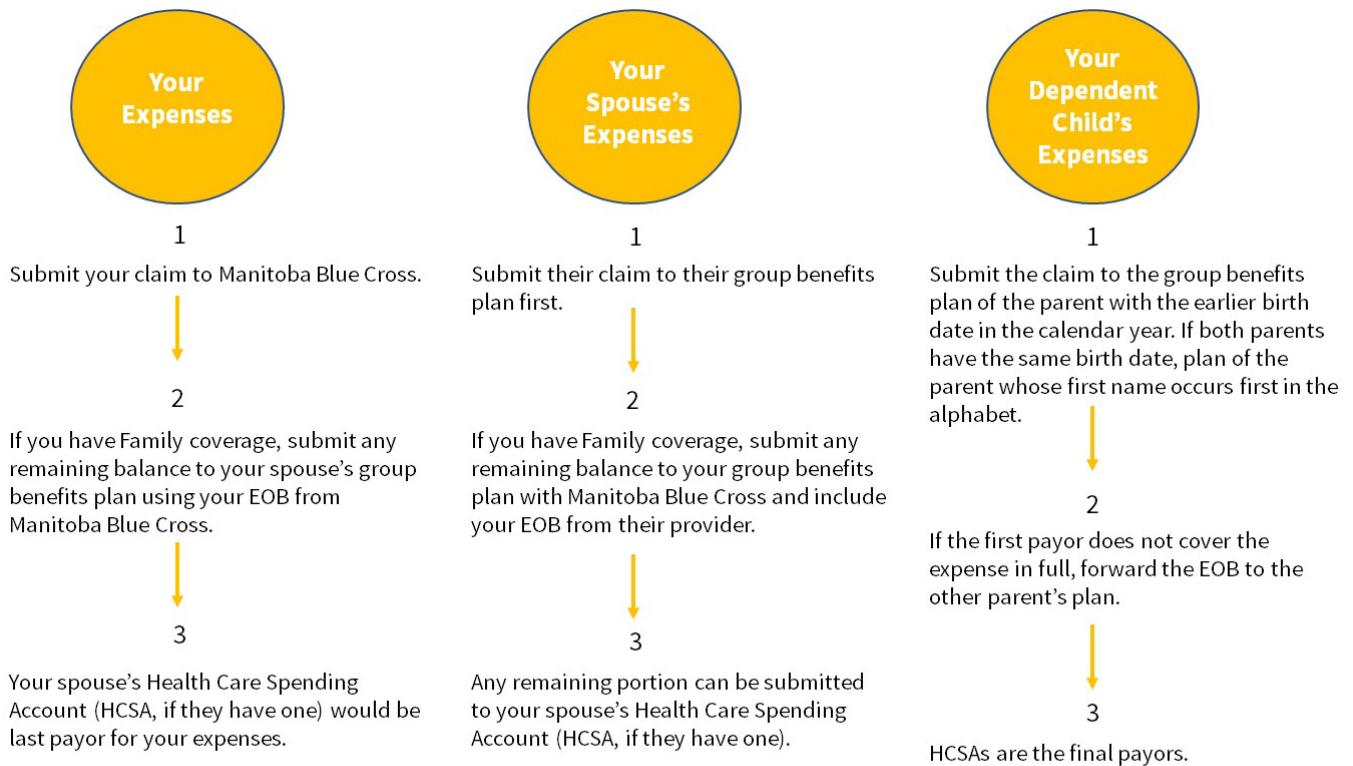
## How can I find out if my medication is eligible under the Managed Formulary?

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.

## 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](#).

## RETIREE BENEFITS

### 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 notice of retirement was provided to Human Resources). Individuals who terminated their employment or left the City of Winnipeg are not considered Retirees.

### When will my current Employee benefit coverage terminate & Retiree coverage begin?

Your Employer Paid Benefits and any Voluntary Employee Paid Benefits you have as an employee terminate on the date you retire. If you enroll in the Voluntary Retiree Group Benefits Plan, your coverage will be effective on the first day following your retirement. You have **60 days from your retirement date to enroll** in the Voluntary Retiree Group Benefits Plan. Your first payment under the Voluntary Retiree Group Benefits Plan will be the 1<sup>st</sup> of the month following your enrollment.

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

Our benefits consultant, HUB International, has created an online portal website where you can obtain information on the Retiree Group Benefits Plan including the benefits booklet providing coverage details, current rate information, forms, notices and frequently asked questions (FAQs). For more information or assistance, please visit the portal site:

[www.hubinternational.com/citywpgretiree](http://www.hubinternational.com/citywpgretiree).

*Note: the portal site must be entered into the address bar of an internet browser; links cannot be accessed through a search function.*

## Support

### ADDITIONAL INFORMATION

For more information or assistance, please visit the portal site for information on the changes, rates and contact information:

- **Portal site:** [www.hubinternational.com/citywpgbenefits](http://www.hubinternational.com/citywpgbenefits)

**Human Resources** contact information can be found on the portal website noted above.

For claim status, coverage questions and general inquiries, please contact Manitoba Blue Cross directly through their Contact us page on [www.mb.bluecross.ca](http://www.mb.bluecross.ca) or calling 204-775-0151 or toll free 1-888-596-1032.

If you require further assistance, please contact Human Resources; details available on the portal site noted above.