

Basic Blue



THE COLOUR OF CARING



EFFECTIVE JANUARY 1, 2012

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BENEFITS AT-A-GLANCE

Ambulance/Hospital Benefits

- Ambulance
- Semi-Private Hospital Room
- Stretcher Service (Medical Van)
- Hostel Care

Please Note: This folder is intended to assist you in understanding the terms and benefits of the Manitoba Blue Cross Basic Blue Plan, and does not, in itself, constitute an agreement. For exact conditions, please see your Coverage Provisions.

BENEFIT DETAILS

Ambulance/Hospital Benefits

Ambulance

Coverage for emergency ambulance services provided by a participating ambulance company anywhere in Manitoba, and payment of up to \$500 per trip for services provided elsewhere.

Non-emergency trips are also 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.

Treat No Transport (Treat and Release)

Coverage for medical treatment provided by an ambulance paramedic when a participating ambulance operator is called to the scene of an accident or place of illness and transportation to hospital is not provided. Payment is limited to allowable charges set by the applicable Regional Health Authority.

Air Ambulance

Coverage for air ambulance to a maximum of \$5,000 per trip. Maximum \$10,000 per person per calendar year.

Stretcher Service (Medical Van)

Coverage for "non-emergency" transport by stretcher by a participating stretcher service to a lifetime maximum of \$400 per person.

Semi-Private Hospital Room

Combined maximum coverage of 60 days in any one hospital per person per calendar year for:

- a semi-private hospital room in Manitoba, or comparable payment toward the cost of a semi-private room in a hospital elsewhere.
- \$20 per person for each day hospitalized when semi-private room accommodations are requested but are not available.



Hostel Care

Payment of the per diem charge for hostel accommodation if diagnostic testing or treatment is required at a Manitoba hospital located more than 60 kilometres from your home and you are placed in a recognized medical hostel associated with the hospital.

Eligibility

- Available to all residents of Manitoba covered by Manitoba Health.
- No age limit and no medical examination required.
- Family coverage includes the applicant, spouse (or common-law spouse) and dependent children (unmarried and unemployed) up to the age of 21.
- To be eligible, your spouse (or common-law spouse) and eligible dependents must be listed on the application.
- A minimum cohabitation period of one year is required for a common-law spouse.

Application Procedure

Simply complete the attached application form and mail to:

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

Coverage will become effective the first of the month following three months from the date the application is received.

If you are a new resident to Manitoba, or have recently lost coverage with an employer group, please contact our office as enrollment procedures may differ.



Conversion Privilege

If you had coverage with an Employer Group Plan for Ambulance/Hospital Semi-Private and/or Extended Health Benefits you may be eligible for Basic Blue Plan coverage immediately.

There is no waiting period providing you apply within 60 days of losing Employer Group coverage. Your coverage will become effective the first of the month following the termination date of your previous coverage. (A letter from the previous carrier or your employer is required unless the coverage was with Manitoba Blue Cross.)

Payment Options

You may pay for your plan on a monthly, quarterly, semi-annual or annual basis. Your payments will be automatically deducted from your bank account through the Automatic Payment System (APS). Complete both sides of the application form and be sure to include a cheque marked “void” with your application.



Other Services

customer service

Customer E-Service gives you access to your plan information anytime, anywhere.

Quick access to:

Direct Deposit Registration

Plan Information

Benefit Details

Benefit Eligibility

Claim Information

Temporary ID Card



What's the advantage?

Blue Advantage is an exclusive program that helps Blue Cross members take advantage of cost savings on medical, vision and health care purchases offered by participating providers across Canada.

Even with Extended Health Care coverage, sometimes it's a struggle to pay for vision care products and medical equipment (such as rehabilitation products and wheelchairs). Prices vary widely and can exceed the coverage provided by your plan.

The Blue Advantage program helps you reduce your out-of-pocket expenses. These savings are available to all of our members, regardless of your group or individual plan coverage.

How does work?

It's easy! Present your Blue Cross ID card and mention the Blue Advantage program to the participating provider.



What products and services are available?

- Vision care products
- Medical supplies and equipment
- Dental products
- Hearing products and services

For a current list of participating providers and types of savings visit the Blue Advantage website at www.blueadvantage.ca

Cancellation Of Coverage

To cancel your plan, notification must be submitted to Manitoba Blue Cross in writing. Your contract will be cancelled the last day of the month following 30 days from the date notification is received.

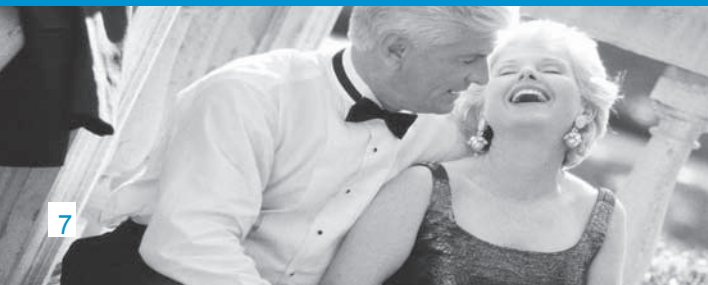
Please Note: If coverage is cancelled, you will not be permitted to re-enroll in this plan for two years from the cancellation date.



Monthly Subscription Rates

Basic Blue Plan

Age	Single	Family
18-34	\$4.50	\$7.90
35-44	\$4.50	\$7.90
45-54	\$5.90	\$10.35
55-64	\$6.50	\$11.40
65-74	\$9.55	\$16.70
75-84	\$14.60	\$25.55
85+	\$21.50	\$37.65





BASIC BLUE PLAN APPLICATION

PLEASE PRINT CLEARLY AND COMPLETE REVERSE SIDE

FOR GENERAL AGENT USE ONLY
AGENT NUMBER #

FOR BLUE CROSS USE

SURNAME	
ADDRESS	
CITY	POSTAL CODE
TELEPHONE #	EMAIL

MANITOBA HEALTH #

SELECT DESIRED PAYMENT SCHEDULE: MONTHLY QUARTERLY SEMI-ANNUAL ANNUAL

	FIRST NAME	GENDER	DAY	BIRTHDATE MONTH	YEAR
APPLICANT					
SPOUSE					
If applicant and spouse are not legally married please provide commencement date of cohabitation.		Date			
DEPENDENT CHILD					
DEPENDENT CHILD					
DEPENDENT CHILD					
DEPENDENT CHILD					

MODE	GROUP #	FOR BLUE CROSS USE ONLY COVERAGE EFFECTIVE	PAID TO DATE	APPLIED AMOUNT
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At any time in the past two years were you enrolled in the Basic Blue Plan?

YES NO

Are you presently a member of Manitoba Blue Cross?

YES NO

If yes, what is your contract number? _____

APPLICATION

It is understood and agreed that (a) the statements on this application are complete, true and correctly recorded and no representations are made to induce the insurance of, and as part of the consideration for the coverage herein applied for; (b) the coverage will be effective only if this application is accepted by Manitoba Blue Cross and such coverage shall not be effective prior to the effective date as established by Manitoba Blue Cross.

I understand that the personal information provided herein as well as any other personal information currently held or collected in the future by **Manitoba Blue Cross** and/or Blue Cross Life Insurance Company of Canada may be collected, used, or disclosed to administer the terms of my policy, to develop and recommend suitable products and services to me, and to manage the Company's business.

Depending on the type of coverage I carry, limited personal information may be collected from and/or released to a third party. These third parties include other Blue Cross Plans, health care professionals and institutions, health and life insurers, government and regulatory authorities, and other third parties when required to administer the benefits outlined in my policy.

I understand that my personal information will be kept confidential and secure. I understand that I may revoke my consent at any time, however, if consent is withheld or revoked, the coverage may be denied or rescinded. I understand why my personal information is needed and am aware of the risks and benefits of consenting or refusing to consent to its disclosure. For additional information regarding Blue Cross' privacy policies I can contact Blue Cross at 1-800-873-2583 (within Manitoba only) or www.mb.bluecross.ca should I have questions as to the collection, use or disclosure of my personal information.

I authorize Blue Cross to collect, use and disclose my personal information as described above.

Date _____

Signature _____

AUTOMATIC PAYMENT SYSTEM PRE-AUTHORIZATION FORM

I/we hereby authorize the financial institution indicated below to debit my/our account for all payments payable to: MANITOBA BLUE CROSS

NAME OF FINANCIAL INSTITUTION

BRANCH ADDRESS

CITY

PROVINCE

TRANSIT NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

Each payment shall be the same as if I/we had personally issued a cheque authorizing Manitoba Blue Cross to debit the amount specified to my/our account.

This authorization may be cancelled at any time upon written notice by me/us.

Any delivery of this authorization to you constitutes delivery by me/us.

Date _____

Signature _____

Signature _____

For verification purposes please enclose one of your personal cheques marked "Void."

For a joint account where more than one signature is required on cheques issued against the account, all depositors must sign.

Our Belief...

Manitoba Blue Cross believes in your well-being and your quality of life. We are first and foremost a humanitarian organization that operates on a not-for-profit basis.

We are not an insurance company nor a profit-oriented business. Manitoba Blue Cross believes in responsible and professional management, but corporate philosophy and goals are not bottom-line driven.

We know that people always make a difference and that is why we care...as an employer, as a corporate citizen and as a supplier of important and essential services within the supplementary health care field. Our company is made up of Manitobans dedicated to serving you.



Our Commitment...

Manitoba Blue Cross is committed to providing the best supplementary health care services and protection available and we are committed to making those services available to all Manitobans, regardless of age, sex or medical condition.

We are also committed to innovation and responsiveness in the supplementary health care field by being open to new ideas and programs. In this way Manitoba Blue Cross is able to continually improve the services we offer.

Our stability and integrity is your guarantee of service.

We care about people's needs...your needs.

Manitoba Blue Cross...The Colour of Caring.

A stylized, handwritten signature in black ink, appearing to read 'AYORKE', with a long horizontal line underneath it.

Andrew W. R. Yorke
President & C.E.O
Manitoba Blue Cross

AUTHORIZED AGENT

CONTACT US!

IN PERSON

599 Empress Street
9:00 a.m. - 5:30 p.m.
Monday through Friday

BY TELEPHONE

204.775.5473 Automated Information Line
24 hours per day, 7 days per week

204.775.0151 Information Service Centre
8:00 a.m. - 5:30 p.m. Monday through Friday

Toll Free at 1.800.873.2583 (1.800.USE.BLUE)
(within Manitoba only)
8:00 a.m. - 5:30 p.m. Monday through Friday

BY FAX

204.788.5597

BY MAIL

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

VISIT OUR WEBSITE

www.mb.bluecross.ca

