

Plus Plan & Deluxe



THE COLOUR OF CARING



EFFECTIVE JANUARY 1, 2012

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

BENEFITS AT-A-GLANCE

PLUS PLAN

Ambulance/Hospital Benefits

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

Extended Health Benefits

- Prescription Drugs
- BlueNet
- Hearing Aids
- Tutorial Allowance
- Assisted Care
- Accidental Dental
- Physiotherapy
- Athletic Therapy
- Hospital In-Patient Allowance
- Prosthetic & Remedial Equipment
- Specialist Referral
- Vision Care
- Cardiac Rehabilitation
- Private Duty Nursing
- Travel Health Care
- Foot Care
- Nutritional Counselling
- Occupational Therapy
- Psychological Counselling
- Medical Appliances

Dental Benefits

- **Basic Services** – diagnostic, preventive, extractions, restorative and repair, reline or rebasing to existing dentures
- **Major Services** – dentures, crowns, bridgework, inlays, pulpal therapy and root canal filling, treatment of gum disease, general anesthesia and oral surgery
- **Orthodontics** – for treatment commencing prior to a child's 17th birthday.

Accidental Death & Dismemberment

Up to \$10,000 Accidental Death & Dismemberment benefit.



PLUS PLAN DELUXE

“Enhanced” Benefit Coverage

These benefits are available in addition to the benefits offered by the Plus Plan:

- Day Surgery Assisted Care
- Foot Orthotics
- Increased maximum for prescription drugs
- Increased maximum for hearing aids
- Blood Pressure Monitors

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.

Extended Health Benefits

Prescription Drugs

Coverage for drugs or medicines that are eligible with Manitoba Pharmacare, prescribed by a physician, and dispensed by a pharmacist. Maximum \$200 per contract, per calendar year.

Drug benefits payable will be integrated with those provided by Pharmacare or any other government sponsored program.

What is **BLUE NET**™ ?

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

How does BlueNet work?

The BlueNet system eliminates the need to file paper claims. When you purchase a prescription drug, present your BlueNet card to the participating pharmacy. The pharmacist will enter your contract information along with the details of the drug purchase. Within seconds the BlueNet system will process your claim. The BlueNet system will notify the pharmacist if you have reached your prescription drug maximum, or if the drug being purchased is not covered.



Hearing Aids

Coverage for the purchase or repair of hearing aids (excluding batteries) when prescribed by an otologist or clinical audiologist, to a maximum of \$500 per person, every five calendar years.

Hospital In-Patient Allowance

An allowance of \$10 for each day hospitalized as an in-patient. Maximum \$100 per illness or injury.

Vision Care

Coverage for prescription eyeglasses or contact lenses or repairs to existing prescription eyeglasses. Maximum of \$100 per person, every 24 consecutive months.

The following benefits will be reimbursed at 90% of eligible expenses up to the maximum payments indicated.

Accidental Dental

Coverage for dental treatment resulting from accidental injury to jaw or natural teeth to a maximum of \$1,000 per accident.

Assisted Care

Coverage for assisted care services provided by a person regularly employed as a professional health care aid, home care worker, or homemaker (not a relative) when prescribed by the attending physician. Payment is limited to \$40 per day to a maximum of 14 days per illness or injury.

Athletic Therapy/Occupational Therapy

Coverage for the services of an occupational therapist when prescribed by a physician and coverage for the services of a certified athletic therapist to a combined maximum of \$250 per person, per calendar year.

Cardiac Rehabilitation

Coverage for a recognized cardiac rehabilitation program, when prescribed by the attending physician for patients with diagnosed cardiac disease to a lifetime maximum of \$500.



Foot Care

Coverage for diagnosis and treatment by a podiatrist and coverage for services by a certified foot care nurse, to a combined maximum of \$450 per person, per calendar year. This benefit is subject to per visit maximums.

Medical Appliances

Coverage for rental, purchase or repair of:

- a hospital bed, oxygen equipment or respirator, when prescribed by the attending physician or occupational therapist, to a lifetime maximum of \$1,000 per item, per person.
- a wheelchair, when prescribed by the attending physician, occupational therapist or physiotherapist, to a lifetime maximum of \$1,000 per person.
- a walker, when prescribed by the attending physician, occupational therapist or physiotherapist, to a lifetime maximum of \$500 per person.
- other medical equipment including medical devices used to aid daily living, when prescribed by the attending physician, occupational therapist, physiotherapist or athletic therapist, to a lifetime maximum of \$250 per person.

Nutritional Counselling

Coverage for the services of a registered dietitian when prescribed by a physician. Maximum of \$450 per person, per calendar year.

Orthopedic Shoes and Modifications to Orthopedic Shoes

Coverage 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.

Coverage for orthopedic shoe modifications (excluding orthotics or insoles, removable or permanently-affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality.



A copy of a prescription from the attending physician or podiatrist that includes a medical diagnosis and detailed description of the orthopedic shoe and modification(s) is required.

Boots, sandals or sport-specific footwear are not eligible.

Payment is limited to a combined maximum of \$200 per person, per calendar year.

Physiotherapy

Coverage for the services of a physiotherapist to a maximum of \$450 per person, per calendar year. This benefit is subject to per visit maximums.

Private Duty Nursing

Coverage for private duty nursing or home visits by a professional registered nurse (not a relative) either in the hospital or home when prescribed by the attending physician, to a maximum of \$3,000 per person, per calendar year.

Prosthetic & Remedial Equipment

Coverage for rental, purchase or repair of:

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



Psychological Counselling

Coverage for the services of a clinical psychologist, to a maximum of \$450 per person, per calendar year.

Specialist Referral

Mileage allowance for residents of rural Manitoba who have been referred to a medical specialist practicing in a major urban centre in the province. Payment of \$0.30 per kilometre for a distance of more than 150 kilometres one way allowed. Maximum \$200 per person, per calendar year.

Travel Health Care

Coverage for emergency medical, surgical and hospital services resulting from illness or injury while travelling outside of the province. Maximum of \$2,500 per person, per calendar year.

Additional coverage for U.S. or international travel is recommended.

Tutorial Allowance

Coverage for tutorial services to a maximum of \$15 per hour. Maximum of \$1,500 per accident or injury.

Extended Health Benefit Maximum

Lifetime maximum \$40,000 per person.

Accidental Death & Dismemberment

Maximum \$10,000 per person.

Payments vary depending on nature of loss.



Dental Benefits

The Plus Plan covers 80% of basic or major dental services with allowable charges set by the Manitoba Dental Association fee guide. Maximum of \$600 per person, per calendar year.

Basic Services Covered

- **Diagnostic:** procedures necessary to assist the dentist in evaluating existing conditions to determine required treatment.
- **Preventive:** procedures including the removal of deposits and stains and the application of fluoride.
- **Extractions:** uncomplicated procedures for the removal of teeth that are beyond restoration.
- **Restorative:** procedures to restore natural teeth by fillings or with steel pins or crowns. Repairing, relining or adding to existing dentures.

Major Services Covered

- dentures, crowns, and bridge work.
- inlays and onlays.
- pulpal therapy and root canal filling.
- treatment of diseases of the tissues and bones supporting the teeth.
- general anesthesia.
- nitrous oxide analgesia.
- complicated surgical procedures and post-operative care.

Orthodontics

Coverage for orthodontic services provided by a licensed dentist. Treatment must commence prior to the child's 17th birthday.



Plus Plan Deluxe

“Enhanced” Benefit Coverage

The Plus Plan Deluxe offers the following benefits *in addition* to the benefits offered by the Plus Plan.

Prescription Drugs

An additional \$600 per contract, per calendar year (\$800 versus \$200 with Plus Plan) for prescription drugs. See page 5 for benefit information.

Day Surgery Assisted Care

Coverage for home care assistance, when prescribed by the attending physician immediately following day surgery in a hospital. Care must be provided by a registered nursing assistant, health care aid, other specialist in home health care, or a friend or relative (who does not reside with you) to a maximum of \$400 per surgery, subject to a daily allowance and co-insurance.

Foot Orthotics

Coverage for the cost of foot orthotics, when prescribed by the attending physician, physiotherapist or podiatrist, to a maximum of \$100 per person, per calendar year (subject to co-insurance).

Blood Pressure Monitors

Coverage for a blood pressure monitor, when prescribed by the attending physician, to a maximum of \$250 per person, every five calendar years.

Hearing Aids

An additional \$300 per person, every five calendar years (\$800 versus \$500 with Plus Plan). See page 6 for benefit information.



Eligibility

- Available to all residents of Manitoba covered by Manitoba Health.
- No age limit.
- 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 it to:

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

If you are applying for the Plus Plan you are not required to complete the medical questionnaire portion of the application.

If you are applying for the Plus Plan Deluxe, the medical questionnaire portion of the application must be completed. **Please note:** if your application is not accepted for the Plus Plan Deluxe you will still be eligible for the Plus Plan.

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.

Note: If you or any dependents are covered for prescription drugs through another insurance company, please provide details on the application.



Waiting Periods

Subscriptions are payable for three months prior to coverage becoming effective, commencing with the anniversary date of your plan. The anniversary date is the first of the month following receipt of application by Manitoba Blue Cross.

Example: Application received April 12
 Anniversary date May 1
 Pay subscription from May 1
 Coverage effective August 1

Conversion Privilege

If you had Group Dental coverage (either on its own or with Ambulance/Hospital Semi-Private and/or Extended Health Benefits) you may be eligible for 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 e 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 **BLUE ADVANTAGE™** 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. Your contract will be cancelled the last day of the month following 30 days from the date notification is received.

Please Note: If you choose to cancel your coverage, you will not be permitted to re-enroll in the Plan for two years from cancellation date. Subscriptions received prior to the cancellation date are non-refundable.



Monthly Subscription Rates

Plus Plan

Age	Single	Couple	Family
18-34	\$49.90	\$94.80	\$125.45
35-44	\$54.60	\$103.75	\$137.35
45-54	\$63.55	\$120.75	\$159.90
55-64	\$67.85	\$128.80	\$170.55
65-74	\$69.55	\$132.15	\$175.10
75-84	\$76.50	\$145.35	\$192.60
85+	\$79.70	\$151.55	\$200.75

Plus Plan Deluxe

Age	Single	Couple	Family
18-34	\$77.75	\$137.95	\$174.40
35-44	\$96.35	\$170.40	\$214.65
45-54	\$113.80	\$198.03	\$246.77
55-64	\$123.30	\$214.89	\$268.19
65-74	\$129.15	\$222.55	\$275.63
75-84	\$134.95	\$233.51	\$289.64
85+	\$137.65	\$235.10	\$289.05



FOR GENERAL AGENT USE ONLY

AGENT NUMBER

PLEASE PRINT CLEARLY AND COMPLETE REVERSE SIDE

FOR BLUE CROSS USE

MANITOBA HEALTH #

SURNAME

ADDRESS

CITY

POSTAL CODE

TELEPHONE #

EMAIL

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					

Note: The subscription rate is determined by the age of the oldest person to be covered.

BENEFICIARY _____

(Unless otherwise noted, your estate is your beneficiary.)

MEDICAL QUESTIONNAIRE (must only be completed if applying for the Plus Plan Deluxe)

- In the past 12 months, have you, or any listed dependent, been hospitalized for a period of more than 14 days?
If "Yes" please provide reasons and date(s) for each hospitalization _____ YES NO
 - In the past 12 months, have you or any listed dependent been hospitalized on more than one occasion?
If yes, please provide reasons and date(s) for each hospitalization _____ (Attach separate sheet if necessary.) YES NO
 - Within the last two years, have you, or any listed dependent, been diagnosed with, hospitalized or received treatment (including prescription drugs) for any of the following: stroke, heart attack, heart surgery, heart failure, angina, diabetes type 1, kidney or liver disease, chronic obstructive pulmonary disease (COPD), emphysema, crohn's or colitis or cancer? YES NO
 - Do you, or any listed dependent, have a referral, testing or investigation pending or contemplated (but not yet completed), or expect to be hospitalized in the next year for any condition listed in question 3? (not including day surgery or pregnancy) YES NO
- SIGNATURE OF APPLICANT _____ DATE _____

If you answered "Yes" to questions 3 or 4 listed above, you are not eligible to purchase the Plus Plan Deluxe.

You are eligible to purchase the Plus Plan. If you answered "Yes" to only question 1 or 2 please provide reasons for hospitalization and submit your application for review and consideration by Manitoba Blue Cross.

OTHER COVERAGE (must be completed if applying for the Plus Plan Deluxe)

Are you, or anyone listed on this application, covered for prescription drugs, vision care, dental or other health benefits through another insurance company?

If Yes, please indicate the following for each person covered (attach separate sheet if necessary): YES NO

NAME(S) OF INSURED

NAME OF INSURANCE COMPANY

- HEALTH DENTAL
 VISION DRUGS

FOR BLUE CROSS USE ONLY

MODE

GROUP #

COVERAGE EFFECTIVE

PAID TO DATE

APPLIED AMOUNT

At any time in the past two years were you enrolled in the Plus Plan or the Plus Plan Deluxe?

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 extending to the right from the end of the signature.

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



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