

	BASIC BLUE	MEDI-BLUE	MEDI-BLUE DELUXE	GENX	PLUS PLAN	PLUS PLAN DELUXE
AMBULANCE/HOSPITAL BENEFITS						
Emergency Ambulance	No maximum; services provided by a participating operator within Manitoba.					
Non Emergency Ambulance	No maximum; services must be recommended by the attending physician if patient cannot walk and cannot be transported by any other means.					
Treat No Transport Ambulance	Ambulance called to scene and provides treatment but does not transport to hospital.					
Air Ambulance	\$5000/trip; annual maximum \$10,000/person.					
Out of Province Ambulance	\$500 maximum/trip.					
Hospital - Semi Private Room	Maximum 60 days/hospital/calendar year/person.					
Stretcher Service (Medical Van)	\$400 lifetime maximum/person.					
Hostel Care	Available for those requiring medical treatment/diagnostic testing in a hospital located outside a 60 kilometer radius of your home.					
Hospital Allowance	In the event that semi-private accommodations are unavailable; \$20/day, maximum 60 days/calendar year/person.					
EXTENDED HEALTH BENEFITS						
Co-insurance			20%			10%
Accidental Dental				\$1000 per accident		
Artificial Limbs/Eyes			80% of eligible expenses			90% of eligible expenses
Assisted Care			\$40/day (14 day maximum) per hospitalization			\$40/day (14 day maximum) per hospitalization
Athletic/Occupational Therapy				\$250/calendar year per person-combined		
Blood Pressure Monitor		included under special equipment maximum	\$250/5 years per person		included under special equipment maximum	\$250/5 years per person
BlueNet (POS) no coinsurance			yes			yes
Braces, cervical collars, elastic stockings			80% of eligible expenses			90% of eligible expenses
Breast Prostheses & Surgical Bras (single/double)			\$400/\$800 per calendar year per person			\$400/\$800 per calendar year per person
Cardiac Rehabilitation			\$500 lifetime maximum per person			\$500 lifetime maximum per person
Clinical Psychology			\$450/calendar year per person			\$450/calendar year per person
Crutches, splints, casts & canes			80% of eligible expenses			90% of eligible expenses
Day Surgery - Assisted Care			\$20-\$40/day; maximum \$200/surgery			\$20-\$40/day; maximum \$400/surgery
Eye Exam				1 Eye Exam every 24 months per person		
Hearing Aids no coinsurance			\$300 every 5 calendar years per person		\$500 every 5 calendar years per person	\$800 every 5 calendar years per person
Hospital Bed			\$1000 lifetime maximum per person			\$1000 lifetime maximum per person
Hospital In-patient Allowance (no coinsurance)					\$10/day per hospitalized illness	\$10/day per hospitalized illness
Nutritional Counselling			\$450/calendar year per person			\$450/calendar year per person
Orthopedic Shoes			\$200/calendar year per person			\$200/calendar year per person
Orthotics			\$100/calendar year per person			\$100/calendar year per person
Oxygen Equipment			\$1000 lifetime maximum per person			\$1000 lifetime maximum per person
Physiotherapy				\$450/calendar year per person		
Podiatry/Foot Care by Nurses			\$450/calendar year per person			\$450/calendar year per person
Prescription Drugs no coinsurance		\$160/calendar year per contract	\$400/calendar year per contract	\$130/calendar year per contract	\$200/calendar year per contract	\$800/calendar year per contract
Private Duty Nursing		\$2000/calendar year per person	\$2500/calendar year per person			\$3000/calendar year per person
Respirator			\$1000 lifetime maximum per person			\$1000 lifetime maximum per person
Special Equipment including medical devices used to aid daily living			\$250 lifetime maximum per person			\$250 lifetime maximum per person
Specialist Referral					\$0.30/km; \$200 per calendar year for treatment not available within a 150km radius of your residence.	
Travel Protection			\$1000/calendar year maximum per person			\$2500/calendar year maximum per person
Tutorial Benefits					\$15/hour; maximum \$1500 per illness	
Vision Care - no coinsurance					\$100/24 months per person	
Walker			\$500 lifetime maximum per person			\$500 lifetime maximum per person
Wheelchair			\$1000 lifetime maximum per person			\$1000 lifetime maximum per person
Wigs			\$1000 lifetime maximum per person			\$1000 lifetime maximum per person
DENTAL BENEFITS						
Basic					80% of prevailing fee guide	
Major					80% of prevailing fee guide	
Orthodontic Treatment (commenced prior to child's 17th birthday)					80% of prevailing fee guide	
Annual Maximum				\$300 per person		\$600 per person
ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS						
Underwritten by Blue Cross Life Insurance Company of Canada			\$5,000			\$10,000
CONTRACT MAXIMUMS						
Ambulance Benefits				No Overall Lifetime Maximum		
Extended Health Benefits			\$5,000 annual, \$40,000 lifetime/person			\$40,000 lifetime/person
Dental Benefits					No Overall Lifetime Maximum	

This information is intended to provide an overview of the benefits provided. (In all cases the coverage provisions shall prevail.)