
**COVERAGE
PROVISIONS**

of the

MEDI-BLUE *Deluxe* PLAN

Effective **July 1, 2012**



Table Of Contents

Page

Medi-Blue Deluxe Plan

Benefits At-A-Glance.....	1
How To Contact Us.....	Back Cover
Customer E-Service.....	2-3
Blue Advantage.....	3
How To Claim.....	4-6
How To Make Changes	
Addition of Spouse/Dependents.....	6
Deletion of Spouse/Dependents.....	7
Address Change.....	7
Payment Schedule.....	7
Plan Changes.....	7
Subscription Rate Changes.....	8
Obtaining or Losing Coverage.....	8
Termination of Coverage.....	8
Protecting Your Privacy.....	9
The Coverage Provisions.....	10-37

Medi-Blue Deluxe Plan

Benefits At-A-Glance

Ambulance/Hospital Benefits

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

Health Care Benefits

- Prescription Drugs (BlueNet)
- Private Duty Nursing
- Assisted Care
- Day Surgery – Assisted Care
- Travel Health Care
- Accidental Dental
- Foot Care
- Foot Orthotics
- Physiotherapy
- Nutritional Counselling
- Athletic Therapy
- Occupational Therapy
- Medical Appliances
- Cardiac Rehabilitation
- Psychological Counselling
- Hearing Aids
- Prosthetic and Remedial Equipment

Accidental Death and Dismemberment

- Up to \$5,000 accidental death and dismemberment benefit.

Customer E-Service

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

Quick Access to:

- **Direct Deposit Application** - Have your claim payments deposited directly into your bank account. It's fast, easy and secure.
- **Plan Information** - Check who you've listed on your plan.
- **Benefit Details** - Check on specific details of a particular benefit.
- **Claim Information** - Check current claims history.
- **Temporary ID Card** - Lost your card? You may print a temporary one. A message will be sent to Manitoba Blue Cross to order a permanent card.
- **Online Claims Submission** - Send us your claims electronically. (Visit our website to find out which claims can be processed electronically)

My Good Health

My Good Health, a new health resource site, is now available to all Manitoba Blue Cross plan members in Customer E-Service.

My Good Health is full of information to get you and your family on the road to better health. Here are some of the great things you can do at My Good Health:

- Discover new prevention and treatment options
- Learn the details of drugs prescribed to you
- Find out more about natural products and remedies
- Calculate your risks
- Count calories
- Test your health knowledge
- Check your symptoms
- Watch health videos

- Sign up for our new health e-newsletter
- Access community support
- Visit **www.mb.bluecross.ca** to register today!

Note: Enter your personal information exactly as it appears on your ID card.

Confirmation of your registration will be sent to your home address.



We realize, even with Extended Health Care coverage, it can still be difficult to pay for products and services that exceed the coverage of a benefit plan. For this reason, we introduced our Blue Advantage program, which allows Blue Cross plan members to save on products and services offered by participating providers across Canada. These savings are available to all of our members, regardless of your group or individual plan coverage.

Just 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
- Items that favour health and wellness, including discounts on magazine subscriptions, gym memberships, vitamins and supplements

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

How To Claim

Claim forms are available 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.

Ambulance/Hospital Semi-Private Benefits

If you receive ambulance or semi-private hospital services in Manitoba, present your ID card to the provider of the service and the provider will claim directly from Manitoba Blue Cross. If, for any reason, you are required to pay for services received, submit the receipts to Manitoba Blue Cross and you will be reimbursed directly.

Extended Health Benefits

All claims for eligible expenses (with the exception of prescription drugs, see below) must be submitted with a completed Extended Health Benefits Claim Form, and be supported by itemized receipts. All receipts should be on the printed letterhead of the person providing the service and must clearly indicate:

- patient's name
- description of service provided or item purchased
- date(s) of service/purchase
- amount charged per item or service date

To help reduce administrative expenses, receipts for small claims should be accumulated until they total a minimum of \$25. If the total is less than \$25, please submit your claim at the end of the calendar year.

Prescription Drugs

You have three choices when making a claim for prescription drugs. BlueNet (a point-of-sale claim processing system) allows participating pharmacies to submit claims electronically on your behalf, eliminating the need for you to file a claim. 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 Customer E-Service or by submitting a paper claim.

System

BlueNet is a point-of-sale claim processing system that eliminates the need to file claims.

When you purchase a prescription drug, simply present your BlueNet ID card to the pharmacist at any 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. If this occurs, it will be necessary for you to pay the pharmacy for your prescription drug purchase. The BlueNet card is valid at all participating pharmacies in Manitoba.

Online Claims Submission

Online Claims Submission, available in Customer E-Service, allows you to send your drug claims to Manitoba Blue Cross electronically from the convenience of your own home. Your claims will be processed faster than submitting a paper claim and your 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 Customer E-Service. 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.

Paper claims

To obtain an Extended Health Benefit claim form contact our office or visit our website at www.mb.bluecross.ca. Once the claim form is completed, submit it to our office with your official Pharmacare receipts for processing.

Note: Receipts must show the patient name, name of drug, date purchased, drug identification number, drug cost and amount paid.

Accidental Death and Dismemberment

Call Manitoba Blue Cross at 204.775.0151 and one of our Information Service Representatives will assist you with making a claim.

How To Make Changes

Family Status

All changes in your family status resulting from marriage, divorce, separation, termination of a conjugal relationship, death, change of residence, birth or legal adoption must be reported to Manitoba Blue Cross within 30 days of the change. The subscription rate will be adjusted (if applicable).

Addition of Spouse/Dependents

Changes reported within 30 days of becoming an eligible spouse or dependent, will be effective on the day your spouse or dependent became eligible. Any changes reported after 30 days will become effective the first of the month following three months from the date notification is received.

Deletion of Spouse/Dependents

All reported changes will become effective the first of the month following notification and the subscription rate (if applicable) will be adjusted as of that date.

Address Change

Advising Manitoba Blue Cross of any changes to your address ensures you receive information from us promptly. If you move, simply call our Information Service Centre and one of our Information Service Representatives will ask for your contract number (so please have that ready) and your new information. For your convenience, we have an automated information line.

Please call 204.775.5473 and leave your contract number, group number, date of birth, and new address information.

Please Note: New ID cards are not issued for an address change.

Payment Schedule

If you wish to change your payment frequency contact us. See contact information on back cover.

Plan Changes

Downgrading Coverage

If you decide to downgrade your coverage to another Manitoba Blue Cross plan, the change will become effective on the first of the month following the date notification is received. Be aware that once you have downgraded your coverage, you will not be permitted to upgrade to another plan for a period of two years from the effective date of downgrade.

Upgrading Coverage

If you decide to upgrade your coverage to another Manitoba Blue Cross plan, your existing coverage will remain in effect until the waiting period for the product chosen has been satisfied.

Subscription Rate Changes

Medi-Blue Deluxe Plan rates are subject to change (regardless of your payment schedule). You will receive notification 30 days prior to any rate change.

The rates are determined by the age of the oldest person on the contract. Your rate will change as you move into a new age category.

Obtaining or Losing Coverage

If you or your dependents obtain or lose other coverage, Manitoba Blue Cross requires immediate notification of the change. These changes become effective upon receipt of notification.

There may be times when it would be beneficial for you to be covered by two plans. Under the “Coordination of Benefits” of the Coverage Provisions, you are entitled to claim benefits from both plans as long as the total benefits received do not exceed the expenses incurred.

Termination of Coverage

Manitoba Blue Cross requires 30 days notice in order to terminate your coverage. Once notice of termination has been received, your coverage will be cancelled on the last day of the month following 30 days from receipt of your cancellation request. Subscriptions received prior to the cancellation date are non-refundable.

Please consider any request for cancellation carefully. Once you cancel your coverage you will not be permitted to re-enroll in the Medi-Blue or Medi-Blue Deluxe Plan for two years from date of cancellation.

Note: If you are cancelling due to obtaining other coverage, please be sure to include this information on your cancellation request as you may wish to re-enroll in the Medi-Blue Deluxe Plan at a later date.

Protecting Your Privacy

Manitoba Blue Cross and Blue Cross Life Insurance Company of Canada have always been, and will continue to be committed to protecting your privacy and ensuring your personal information remains confidential. Personal information includes all information about an identifiable individual but not the name, title, business address, or telephone number of an employee of an organization.

You should limit disclosure of your contract number for security reasons. Also, you should be aware that claiming benefits with the use of your Manitoba Blue Cross ID card indicates your consent with our privacy policies.

We are committed to protecting your personal information. For detailed information regarding the practices of Manitoba Blue Cross and Blue Cross Life Insurance Company of Canada, on the collection, use, retention, and disclosure of your personal information and your right to access information, please contact our office at 204.775.0151 or visit our website at www.mb.bluecross.ca.

COVERAGE PROVISIONS of the MEDI-BLUE DELUXE PLAN

Issued by Manitoba Blue Cross
Please retain this Agreement.

This Agreement replaces all previous and is
effective July 1, 2012

SECTION 1 - THE AGREEMENT

The application, this document and any amendments or attached papers shall constitute the entire Agreement between the parties hereto, and no representative, employee or agent of Manitoba Blue Cross is authorized to vary or change any of the terms and conditions thereof.

SECTION 2 - DEFINITION OF TERMS

Accident - means a happening due to external, violent, sudden, fortuitous causes being beyond the Subscriber's control.

Agreement - means this document and any amendments or attached papers.

Air Ambulance - means an aircraft equipped with first aid equipment, oxygen and resuscitators regularly used for transporting sick or injured persons.

Ambulance - means a ground vehicle containing first aid equipment, oxygen and resuscitators regularly used for transporting sick or injured persons.

Ambulance Service - means transportation by Ambulance or Air Ambulance in accordance with the terms of the agreement.

Athletic Therapist - means a person entitled under the laws of the province, state or country where the services are rendered to practice athletic therapy without restriction.

Audiologist - means a person licensed under the laws of the province, state or country where the services are rendered to practice audiology without restriction.

Authorized Blue Cross Provider - means 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 and has been issued a provider number.

Certified Foot Care Nurse - means a Professional Nurse who holds a certificate of completion from a recognized foot care course.

Clinical Psychologist - means a registered Clinical Psychologist licensed under the laws of the province, state or country where the services are rendered to practice psychology without restriction.

Close Relative - means a Spouse, child, brother, sister, parent, grandparent or grandchild of a Subscriber.

Dentist - means a person licensed under the laws of the province, state or country where the services are rendered to practice dentistry without restriction.

Dependent - means an unmarried child of a Subscriber, who is under 21 years of age and dependent for support on the Subscriber.

The following will be considered children of the Subscriber:

- i. natural children
- ii. legally adopted children
- iii. stepchildren
- iv. the children of the person with whom the Subscriber is living in a conjugal relationship provided such children are living with the Subscriber.

The age restriction does not apply to a physically or mentally incapacitated child who had this condition prior to the attainment of age 21.

Effective Date - means the date on which this Agreement becomes effective as established by Manitoba Blue Cross subject to the Waiting Period and Section 4.1 (a).

Emergency Ambulance Service - means Ambulance Service required because of and immediately following a serious illness or Injury.

Health Care Aid - means a person that has graduated from a certified program as a Health Care Aid.

Home Care Worker - means a person that has graduated from a certified program as a Home Care/Support Worker.

Homemaker - means a person regularly employed as a professional Homemaker.

Hospital - means an institution which meets all the following criteria:

1. continuously provides 24 hours a day nursing service by or under the supervision of registered graduate nurses and is operated continuously with organized facilities for operative surgery; and
2. is engaged primarily in providing medical care and treatment of sick or injured persons on an In-patient basis at the patient's expense and maintains diagnostic and therapeutic facilities for surgical and medical diagnosis and treatment of such persons by or under supervision of a staff of duly qualified Physicians, who are acting on a visiting or consulting basis; but
3. is not a tuberculosis hospital or sanatorium, a hospital or institution for the mentally ill, a nursing home, a home for the aged, an infirmary or other institution for the purpose of which is the provision of custodial care.

In-patient - means a patient confined and admitted to a Hospital for more than 24 hours on the recommendation of the attending Physician.

Injury - means bodily Injury suffered by the Subscriber caused directly by an Accident independent of any illness or other causes.

Non-Emergency Ambulance Service - means Ambulance Service required by a non-ambulatory patient who cannot be transported by any means other than Ambulance because of illness or Injury, on the prior recommendation of an attending Physician.

Occupational Therapist - means a person entitled under the laws of the province, state or country where the services are rendered to practice occupational therapy without restriction.

Otologist - means a duly qualified doctor of otology licensed under the laws of the province, state or country where the services are rendered to practice otology without restriction.

Panelled Patient - means a patient receiving In-patient hospital services provided to them after their need for placement in a personal care home has been established to the satisfaction of the assessment panel designated by Manitoba Health.

Participating Ambulance Operator - means an ambulance company or operator in a Regional Health Authority, which has entered into a written agreement with Manitoba Blue Cross. This agreement specifies eligible Ambulance Services and corresponding rates.

Pharmacist - means a duly qualified Pharmacist licensed under the laws of the province, state or country where the services are rendered to dispense drugs and medicines on a Physician's Prescription without restriction.

Physician - means a duly qualified doctor of medicine licensed under the laws of the province, state or country where the services are rendered to practice medicine without restriction.

Physiotherapist - means a person licensed under the laws of the province, state or country where the services are rendered to practice physiotherapy without restriction.

Podiatrist - means a person licensed under the laws of the province, state or country where the services are rendered to practice podiatry without restriction.

Prescribed/Prescription - means a written order for the use of a medicine, treatment, good or service by an eligible prescriber.

Professional Nurse - means a Registered Nurse, Psychiatric Nurse, V.O.N., or Licensed Practical Nurse who is currently registered with the appropriate provincial or state Nursing Association where the services are rendered.

Registered Dietitian - means a dietitian licensed under the laws of the province, state or country where the services are rendered to practice without restriction.

Spouse - means a person who is legally married to the Subscriber, or has continuously resided with the Subscriber for not less than one full year having been represented as members of a conjugal relationship. Manitoba Blue Cross will at no time provide coverage for more than one Spouse under the same policy.

Subscriber - means the applicant, or if enrolled under a family policy means the applicant, Spouse, and any eligible Dependents for whom the appropriate Subscription has been remitted to Manitoba Blue Cross for the purpose of retaining the benefits of this plan.

Subscription - means the amount charged by Manitoba Blue Cross as consideration for the coverage to be made available under the terms and conditions of this Agreement.

Treat No Transport - means medical treatment provided by a paramedic when an Ambulance is called to the scene of an Accident or place of illness but the patient is not transported to a Hospital.

Usual, Customary, and Reasonable

- **Usual** - means the Usual charge for a given service or supply by an individual providing services or supplies in his personal practice.

- **Customary** - means that range of Usual charges by individuals of similar training and experience, providing services or supplies for the same service within a specific limited geographic or socioeconomic area.
- **Reasonable** - means a charge that meets the criteria of both Usual and Customary, or on the opinion of the provider's professional association, is justifiable in the special circumstances of the particular case in question.

Waiting Period - means the three month period from the date the application is received in our office where no benefits are payable. Subscription rates are not paid during the Waiting Period.

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

SECTION 3 - BENEFITS

Subject to the terms and conditions and the exclusions and limitations contained in this Agreement and any amendments hereto, the Subscriber shall be entitled to the benefits of the plan after the Effective Date and after the Subscriber has prepaid the appropriate Subscription. In order to be eligible for benefits, all persons covered must be registered with and entitled to benefits from Manitoba Health.

Expenses eligible for reimbursement are the Usual, Customary and Reasonable charges for the following services and supplies that are required for treatment of an illness or Injury. To be eligible, services must be rendered by an Authorized Blue Cross Provider Any eligible charges for services incurred shall be payable at Manitoba rates with the exception of Section 3.2 (Q).

3.1 Ambulance and Hospital Semi-Private Benefits

A. Emergency Ambulance

Coverage for Emergency Ambulance Service wholly within the province of Manitoba by a Participating Ambulance Operator to the nearest Hospital where appropriate treatment can be provided.

B. Non-Emergency Ambulance

- i) Coverage for Non-Emergency Ambulance Service wholly within the province of Manitoba by a Participating Ambulance Operator, (1) to the nearest Hospital where appropriate treatment can be provided, or (2) between Hospitals, or (3) from Hospital to home.
- ii) For the purpose of this benefit only, Ambulance Service shall include coverage for transportation by a medical transfer service operator who has entered into an agreement with Manitoba Blue Cross subject to the amount payable for such service being limited to a lifetime maximum benefit payment of \$400 per Subscriber.

C. Non-Participating Ambulance

Subject to the terms and conditions of Sub-Sections A and B of this Section, coverage includes charges for Ambulance Service within the province of Manitoba, by an ambulance company or operator that has not entered into a written ambulance agreement with Manitoba Blue Cross, Manitoba Blue Cross will reimburse the Subscriber up to the amount that would have been paid had the ambulance company or operator been a Participating Ambulance Operator, but not exceeding the amount charged for the service.

D. Air Ambulance Allowance

Coverage for Air Ambulance Service within Canada, (1) to the nearest Hospital where appropriate treatment can be provided, or (2) between Hospitals, or (3) from Hospital to home, Manitoba Blue Cross will pay up to \$5,000 per trip to a maximum benefit payment of \$10,000 per Subscriber per calendar year.

E. Out-of-Province Ambulance

Coverage for Ambulance Service wholly or partly outside the province of Manitoba for which payment would be made by Manitoba Blue Cross under Sub-Sections A, B, or C of this Section, Manitoba Blue Cross will pay the same amount as would be paid for Ambulance Services in the province of Manitoba except the maximum amount payable for any such Ambulance Service shall not exceed \$500.

F. Treat No Transport (Treat and Release)

Coverage for Treat No Transport service by a Participating Ambulance Operator.

G. Semi-Private Room

Benefit payment of eligible expenses in (a) and (b) shall be limited to a combined maximum of 60 days in any one Hospital per Subscriber per calendar year.

- a) Coverage for confinement as an In-patient in a semi-private Hospital room either inside or outside of the province of Manitoba, Manitoba Blue Cross will pay for such preferred accommodation at the per diem rate in effect at the time in the province of Manitoba.
- b) \$20 per day for each day hospitalized as an In-patient in a Hospital either inside or outside the province of Manitoba when semi-private room accommodations are requested but are not available.

H. Hostel Care

Manitoba Blue Cross will pay the per diem charge for hostel accommodation when treatment or diagnostic testing is required on the recommendation of a Physician, at a Hospital in the province of Manitoba located outside a 60 kilometre radius of the Subscriber's residence and if such Subscriber is placed in a recognized medical hostel associated with that Hospital.

3.2 Extended Health Benefits

A. Prescription Drugs -

Coverage for drugs or medicines that are eligible with Manitoba Pharmacare Prescribed by a Physician and dispensed by a Pharmacist.

Benefit payment is limited to \$400 per contract per calendar year.

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

The following benefits will be reimbursed at 80% of eligible expenses up to the maximum payments indicated.

B. Accidental Dental

Coverage for dental treatment rendered by a Dentist where as a result of Injury (and not by an object wittingly or unwittingly placed in the mouth) natural teeth have been damaged or a fractured or dislocated jaw requires setting.

Dental treatment required must be commenced within 90 days of the Accident and the amount payable by Manitoba Blue Cross shall be based on the prevailing Fee Schedule as issued by the Manitoba Dental Association up to a maximum benefit payment of \$1,000 per Accident.

C. Assisted Care

Coverage for assisted care services when Prescribed by a Physician during the 12 months following discharge from a Hospital where the Subscriber was hospitalized as an In-patient. Benefit payment is limited to \$40 per day to a maximum of 14 days per illness or Injury. Eligible expenses are those provided by persons regularly employed as a Health Care Aid, Home Care Worker, or Homemaker.

D. Athletic Therapy/Occupational Therapy

Coverage for the services of an Occupational Therapist when Prescribed by a Physician and charges for the services of an Athletic Therapist to a combined maximum benefit payment of \$250 per Subscriber per calendar year.

E. Cardiac Rehabilitation

Coverage for treatment rendered to cardiac patients under a recognized cardiac rehabilitation program where such treatments have been Prescribed by the attending Physician for rehabilitation after myocardial infarction, coronary bypass surgery, valve replacement or for the management of angina pectoris or other diagnosed cardiac disease. Benefit payment is limited to a lifetime maximum of \$500 per Subscriber.

F. Day Surgery Assisted Care

Coverage for home care assistance immediately following day surgery in a Hospital 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 the Subscriber) to a maximum of \$200 per surgery, subject to a daily allowance. For services provided by a registered nursing assistant, Health Care Aid, or other home care specialist the maximum daily allowance is \$40 per day.

For services provided by a friend or relative, the maximum daily allowance is \$20 per day. In order to be considered eligible, the home care assistance must have been Prescribed by the attending Physician.

G. Foot Care

Coverage for the diagnosis and treatment by a Podiatrist (excluding diagnostic X-ray examinations) and charges for services by a Certified Foot Care Nurse. Payment is limited to a combined maximum benefit payment of \$450 per Subscriber per calendar year. This benefit is subject to per visit maximums.

H. Foot Orthotics

Coverage for the cost of foot orthotics when Prescribed by the attending Physician, Physiotherapist or Podiatrist to a maximum benefit payment of \$100 per Subscriber per calendar year.

I. Hearing Aids

Coverage for the purchase or repair of hearing aids (excluding batteries) when Prescribed by an Otologist or Audiologist.

Benefit payment is limited to a maximum of \$300 per Subscriber every five calendar years.

J. 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 benefit payment of \$1,000 per item per Subscriber. Prior approval from Manitoba Blue Cross is recommended.
- a wheelchair when Prescribed by the attending Physician, Occupational

Therapist or Physiotherapist, to a lifetime maximum benefit payment of \$1,000 per Subscriber. Prior approval from Manitoba Blue Cross is recommended.

- a walker, when Prescribed by the attending Physician, Occupational Therapist or Physiotherapist to a lifetime maximum benefit payment of \$500 per Subscriber.
- blood pressure monitors when Prescribed by the attending Physician to a maximum benefit payment of \$250 per Subscriber, every five calendar years. Prior approval from Manitoba Blue Cross is recommended.
- 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 benefit payment of \$250 per Subscriber. Prior approval from Manitoba Blue Cross is recommended.

K. Nutritional Counselling

Coverage for the services of a Registered Dietitian when Prescribed by the attending Physician to a maximum benefit payment of \$450 per Subscriber per calendar year.

L. 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 benefit payment of \$200 per Subscriber per calendar year.

M. Physiotherapy

Coverage for the services of a Physiotherapist for diagnosis and treatment excluding diagnostic X-ray examinations. Benefit payment is limited to a maximum of \$450 per Subscriber per calendar year. This benefit is subject to per visit maximums.

N. Private Duty Nursing

Coverage for private duty nursing care in a Hospital by a Professional Nurse (not an employee of the Hospital) where the services of such have been Prescribed by the attending Physician.

Coverage for nursing visits in the home of the Subscriber by a Professional Nurse during the 12 months immediately following discharge from a Hospital as an In-patient.

The nursing service provided must be Prescribed by the attending Physician and be consistent with the diagnosis and treatment of the condition for which In-patient hospital services were rendered. Benefit payment is limited to a maximum of \$2,500 per Subscriber per calendar year for all nursing services provided.

O. Prosthetic and 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 benefit payment of \$400 per single mastectomy and \$800 per double mastectomy per Subscriber per calendar year.
- wigs or hairpieces when Prescribed by the attending Physician to a lifetime maximum benefit payment of \$1,000 per Subscriber.
- splints, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars when Prescribed by the attending Physician, Occupational Therapist, Physiotherapist or Athletic Therapist.

P. Psychological Counselling

Coverage for the services of a Clinical Psychologist to a maximum benefit payment of \$450 per Subscriber per calendar year.

Q. Travel Health Care

Coverage for medical, surgical and hospital services as a result of an emergency or unexpected illness or Injury occurring when a Subscriber is travelling outside the boundaries of Manitoba, to a maximum benefit payment of \$1,000 per Subscriber per calendar year. Dental expenses are not eligible under this benefit.

3.3 Accidental Death and Dismemberment Benefits

(Underwritten by Blue Cross Life Insurance Company of Canada.)

Schedule of Benefits

If a Subscriber, while insured for this benefit, suffers an accidental loss as described in this section, Blue Cross Life Insurance Company of Canada will pay the amount of insurance specified for the loss.

In order to be covered by this benefit, all losses must result directly and independently of all other causes from bodily injuries suffered by accidental, external and violent means. Death caused by accidental drowning shall also be covered. Death or loss must occur within 365 days after the Injury.

The amount payable shall be the following percentage of the amount of Accidental Death and Dismemberment Insurance for which the Subscriber is insured on the date of Injury. The maximum amount payable for all losses sustained, as a result of the same Accident shall not exceed 100% of the amount of insurance. The maximum amount of insurance for the Subscriber is \$5,000, for the Spouse is \$5,000 and \$5,000 for each Dependent.

Loss of life.....	100%
Loss of, or loss of use of, both hands or both feet or entire sight in both eyes.....	100%
Loss of, or loss of use of, one hand and one foot.....	100%
Loss of, or loss of use of, one hand and entire sight in one eye.....	100%
Loss of, or loss of use of, one foot and entire sight in one eye.....	100%
Loss of, or loss of use of, one hand or one foot or entire sight in one eye.....	50%

“Loss of hand or foot” means complete severance at or above the wrist or ankle joint. Severance is defined as permanent and complete detachment of the affected area.

“Loss of entire sight” means that it is total and irrecoverable. Loss of entire sight is also deemed to have occurred if sight cannot be restored to better than 20/200 vision by surgical or other means (i.e. spectacles), within 12 months following the date of the Accident.

“Loss of use” means the total and irrecoverable loss of use for 12 continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

If a Subscriber suffers more than one such loss as a result of any one Accident, payment will be made only for that loss for which the largest benefit is specified. Upon the occurrence of any one of the above losses, all coverage for that person shall immediately cease, except as respecting such loss or subsequent losses directly resulting from the same Accident. In no event shall the maximum amount payable under this Agreement for all losses of the Subscriber exceed 100% of the maximum amount of insurance.

Exposure and Disappearance

If, due to an Accident, a Subscriber insured hereunder is unavoidably exposed to the elements and if, as a result of such exposure and within 365 days after the date of the Accident, such person suffers a loss for which benefits would otherwise have been payable hereunder, such loss will be covered by this benefit provision.

When due to the accidental wrecking, sinking or disappearance of a conveyance in which an insured person is riding, such person disappears and if his body is not found within 365 days after the date of such wrecking, sinking or disappearance, it will be presumed, subject to there being no evidence to the contrary and subject to all other terms and conditions of this benefit provision, that the insured person suffered loss of life as a result of Injury.

Termination of Insurance

Coverage for a Dependent or Spouse will cease when no longer a Dependent or Spouse under the terms of the Agreement, or when the applicant is no longer covered for this benefit under the Agreement or upon termination of the entire Agreement.

Payment of Insurance

Any benefit payable under this coverage will be paid to the applicant, if living, otherwise to the beneficiary as designated under this Agreement, or to the estate of the applicant if no beneficiary has been designated under this Agreement.

SECTION 4 - EXCLUSIONS AND LIMITATIONS

4.1 Ambulance and Hospital Semi-Private Benefits

Manitoba Blue Cross shall not pay or be required to pay for:

- (a) Any Hospital confinements commencing before the Effective Date of the Subscriber's coverage. (Coverage in such cases shall commence 90 days after discharge from Hospital.)
- (b) Any Hospital services or accommodation charges for a Subscriber who has been designated as a Panelled Patient.
- (c) Any semi-private Hospital room charges which, in the absence of this coverage, would not be charged to the Subscriber.
- (d) Any Hospital services or accommodation charges for chronic or custodial care.

4.2 Extended Health Benefits

Manitoba Blue Cross shall not pay or be required to pay for:

- (a) Benefits to a Subscriber in excess of \$40,000 during his lifetime. Furthermore, benefit payments to a Subscriber will be limited to a maximum of \$5,000 per calendar year.
- (b) Insoles or inserts.
- (c) Orthodontic services and dental implants

4.3 Accidental Death and Dismemberment Benefits

Blue Cross shall not pay or be required to pay for any loss caused directly or indirectly, wholly or in part by one or more of the following:

- (a) Insurrection, war (declared or not), or the hostile action of the armed forces of any country, or participation in any riot, or civil commotion.
- (b) Intentionally self-inflicted Injury, suicide, or attempted suicide, while sane or insane.
- (c) Participating in or engaging in any criminal activity, regardless of whether charges are laid or a conviction obtained.
- (d) Operating a vehicle with a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred. Vehicle means any form of transportation which is drawn, propelled or driven by any means and includes, but is not restricted to, an automobile, truck, motorcycle, moped, bicycle, snowmobile, boat or all-terrain vehicle.
- (e) Illness or disease of any kind, or medical or surgical treatment thereof, other than septic infection caused through a wound accidentally sustained.

- (f) Travel or flight in, or descent from, any kind of aircraft if the insured person:
- is a member of the aircraft crew, or
 - has any duties relating to the operation, maintenance, testing or control of the aircraft, or
 - is on the aircraft for the purpose of instruction or training.
- (g) Any claim for indemnity under this insurance not submitted within one year of the date of loss for which the claim is made and not substantiated by a certificate from the attending Physician at the place of the occurrence of the Accident attesting to the actual injuries sustained.

4.4 General

Manitoba Blue Cross shall not pay or be required to pay for charges in respect of those services:

- (a) obtained outside the Subscriber's province of residence arising out of illness or Injury for which the Subscriber is not entitled to any benefits from his provincial hospital and medical plan or elective services obtained outside his province of residence whether or not on a Physician's recommendation;
- (b) due to an illness or Injury that is compensable under any Worker's Compensation law, Manitoba Public Insurance or similar legislation;
- (c) in the nature of mileage or travelling time or detention time of any provider of service hereunder;
- (d) due to riot, civil commotion, war, invasion, act of foreign enemy, hostilities by any armed force (whether war be declared or not), civil war, rebellion, revolution, or insurrection;

- (e) rendered in connection with general health examinations for “check-up” purposes; or in the nature of a rest cure or travel for health; or for cosmetic purposes;
- (f) which the Subscriber is entitled under the terms of any government or legislative hospital, medical or health plan, or is entitled to obtain without charge by law, or for which there is no actual cost.
- (g) 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.

SECTION 5 - COORDINATION OF BENEFITS

After the benefits available or recoverable under any government or legislative plans have been determined, the excess benefits of this plan will be coordinated with those of other contracts or plans if the Subscriber is covered for similar benefits simultaneously under any other such plan.

- (a) If any other plan does not contain a provision for coordination with or reduction of benefits payable under this Agreement, the benefits payable under such other plan shall be determined first.
- (b) If any other plan does contain a provision for coordination with or reduction of benefits payable under this Agreement, the benefits of such plan shall be coordinated with the benefits under this Agreement.

Priority shall be attributed to the plan under which the person is eligible to receive the benefits in the following order:

Employees/members

1. The plan where the person is covered as a member.
2. If a person is a member of two plans, priority goes to:
 - i) the plan where the member is an active full-time employee,
 - ii) the plan where the member is an active part-time employee,
 - iii) the plan where the member is a retiree.

Dependents

Spouse

3. The plan where the person is covered as a dependent Spouse.

Dependent Children

4. The plan of the parent with the earlier birthdate (month/day) in the calendar year.
5. The plan of the parent whose first name begins with the earlier letter in the alphabet, if the parents have the same birthdate.
6. In single custody situations, the following order applies:
 - i) the plan of the parent with custody of the child,
 - ii) the plan of the Spouse of the parent in i) above,
 - iii) the plan of the parent not having custody of the child,
 - iv) the plan of the Spouse of the parent in iii) above.

In joint custody situations, the following order applies:

- i) the plan of the parent with the earliest month and day of birth,
- ii) the plan of the other parent,
- iii) the plan of the Spouse of the parent with the earliest month and day of birth
- iv) the plan of the Spouse of the other parent

7. The above rules, 1 to 6, shall be applied in all cases of multiple coverage and only those eligible expenses not covered under any other health/dental plan will be covered under the Health Spending Account.

- (c) When rules (a) and (b) do not serve to establish an order of benefit determination, the benefits shall be pro-rated between or among the plans in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

SECTION 6 - SUBSCRIPTIONS

6.1 This Agreement is issued in consideration of the payment of Subscription to Manitoba Blue Cross, directly by the Subscriber, pursuant to and in consideration of the application of the Subscriber.

6.2 Subscriptions shall be payable monthly, quarterly, semi-annually, or annually in advance at the Subscription rate then in effect.

6.3 When the Agreement ceases to cover any Dependent previously included and the Subscriber is then eligible for a reduced Subscription rate, the Subscription rate shall be appropriately adjusted as of the first of the month following notice in writing from the Subscriber requesting a rate adjustment.

- 6.4 Manitoba Blue Cross shall not be or become responsible for any claims incurred under this Agreement while any Subscription is due and unpaid.
- 6.5 When a Subscriber reaches their lifetime maximum and is no longer eligible for coverage under this Agreement, the Agreement remains in force for all other Subscribers covered hereunder if the appropriate Subscriptions are paid.
- 6.6 Failure on the part of the Subscriber to notify Manitoba Blue Cross of a change in the Subscriber's family status shall relieve Manitoba Blue Cross of any liability to refund Subscriptions already applied towards coverage.
- 6.7 All Subscription rates are subject to change upon Manitoba Blue Cross providing 30 days notice to the Subscriber.
- 6.8 Subscription rates are determined by the age of the oldest person on the contract at the time of billing.

SECTION 7- CHANGE OF STATUS OR TRANSFER

- 7.1 The Subscriber must notify Manitoba Blue Cross within 30 days of change to his own or his family status under this Agreement resulting from marriage, divorce, separation, termination of a conjugal relationship, death, change of residence, birth or legal adoption.
- 7.2 The Subscriber must notify Manitoba Blue Cross within 30 days of obtaining other coverage, other coverage changes and termination of other coverage.
- 7.3 The dependent children of the applicant who have been enrolled hereunder as Dependents, upon attainment of 21 years of age or at the time of marriage, whichever may first occur, or, in the event of divorce/ separation of a Subscriber and Spouse, the

dependent children or the divorced/ separated Spouse of the Subscriber, may apply for continuation of coverage with Manitoba Blue Cross. Such request must be made to Manitoba Blue Cross within 30 days from the date on which the change of status occurs. Subscriptions will be established in accordance with the coverage selected to which the Dependent becomes eligible for transfer in accordance with the prevailing regulations of Manitoba Blue Cross.

- 7.4 Upon a change in status as herein described, the Subscriber shall pay any additional Subscription rate that may be applicable.

SECTION 8 - TERMINATIONS

- 8.1 The Subscriber may terminate the Agreement by giving 30 days notice of termination to Manitoba Blue Cross by registered mail or by delivery thereof to an authorized agent for Manitoba Blue Cross. Coverage will be terminated on the last day of the month following 30 days from receipt of notice of termination by Manitoba Blue Cross. Subscriptions paid prior to the cancellation date are non-refundable. Once notice of termination (includes cancellation or downgrading) is received by Manitoba Blue Cross, the Subscriber will not be permitted to re-enroll in the Medi-Blue Plan or Medi-Blue Deluxe Plan for two years from date of cancellation.
- 8.2 (a) Manitoba Blue Cross may terminate the Agreement at any time by giving written notice of termination to the Subscriber and by refunding concurrently with the giving of notice the amount of Subscription paid in excess of the pro-rata Subscription for the expired time.

The notice of termination may be delivered to the Subscriber, or it may be sent by mail to the latest address of the Subscriber on record at Manitoba Blue Cross.

Where the notice of termination is mailed to the Subscriber, 30 days notice of termination shall be given.

- (b) Manitoba Blue Cross shall reserve the right to terminate the Agreement if the Subscription has not been paid within two months following the date that such Subscriptions are due and payable.

8.3 This Agreement shall be for the period of one month from the Effective Date and providing that Subscriptions are paid as above, shall be renewed from month to month for a further term at the rate in force at the time of each renewal, however, subject to the right of Manitoba Blue Cross to terminate or modify this Agreement upon 30 days notice to the Subscriber.

SECTION 9 - GENERAL

9.1 Manitoba Blue Cross shall be deemed not to have waived any condition of this Agreement either in whole or in part, unless the waiver is clearly expressed in writing and signed by Manitoba Blue Cross.

9.2 No statement made by the Subscriber on his application for this Agreement may be used in defense of a claim under, or to avoid this Agreement, unless it is contained in the written application for the Agreement and unless a copy of the application, or such part thereof as is material to the Agreement, is endorsed upon, inserted in or attached to the Agreement when issued.

9.3 The Subscriber or his agent, or a beneficiary entitled to make a claim or his agent shall:

- (a) give written notice to Manitoba Blue Cross by delivery thereof, or by sending it by registered mail to Manitoba Blue Cross.

- (b) within 90 days from the date of the service for which the claim is made, furnish to Manitoba Blue Cross such proof of claim as is reasonably possible in the circumstances of the happening of the Accident or illness and the loss occasioned thereby, and
- (c) if so required by Manitoba Blue Cross furnish a certificate as to the cause and nature of the Accident or illness for which the claim is made.

9.4 Failure to give notice of claim or furnish proof of claim within the time prescribed will not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible and in no event later than two years from the date of Accident and if it is shown it was not reasonably possible to give notice or furnish proof within the time so prescribed.

9.5 Manitoba Blue Cross shall furnish forms for proof of claim within 15 days after receiving notice of claim but where the claimant has not received the forms within that time he may submit his proof of claim in the form of a written statement of the happening and character of the Accident or illness giving rise to the claim and of the extent of loss.

9.6 Manitoba Blue Cross has the right, and the claimant shall afford to Manitoba Blue Cross an opportunity, to have the Subscriber, submit to a medical examination when, and as often as it may reasonably require while the claim hereunder is pending.

9.7 No sum payable under this Agreement shall in any circumstances carry interest.

9.8 Eligible claims shall be payable in Canadian currency and where applicable at the conversion rate in force when the claim was incurred.

- 9.9 An action or proceeding against Manitoba Blue Cross for the recovery of a claim under this Agreement shall not be begun after two years from the date on which the cause of action arose.
- 9.10 Services and benefits under this Agreement are personal to the Subscriber and are in no way assignable, except to an Authorized Blue Cross Provider when agreed upon by Manitoba Blue Cross and the Subscriber.
- 9.11 The coverage of a Subscriber shall terminate automatically if he obtains, or attempts to obtain, or aids any person in obtaining or attempting to obtain, by fraud or false pretenses, any benefit hereunder and upon such termination the right of such Subscriber to any benefits hereunder shall be forfeited.
- 9.12 As a condition precedent to the providing of benefits under this Agreement, Manitoba Blue Cross shall be entitled to receive from any provider of service such information, records and copies of records as it may require in the administration of claims.
- 9.13 Any notice required to be given hereunder shall be sufficiently given if delivered by hand, mailed by prepaid post to the last address shown on the records of Blue Cross or, if applicable, by notice sent by electronic mail to the Subscriber's email account as shown on the records of Manitoba Blue Cross, including any notice directing such Subscriber to their Customer E-Service Account for further details.
- 9.14 The catchline headings in no way shall be considered to be part of this Agreement, but are inserted only for purposes of convenience.
- 9.15 The Subscriber agrees to the provisions of the benefits of the Agreement on the condition that Manitoba Blue Cross shall not be liable for any act or omission of any provider of service, regardless of whether such provider is an Authorized Blue Cross Provider.

- 9.16 Manitoba Blue Cross shall be fully subrogated to the rights of the Subscriber in respect of all claims paid by Manitoba Blue Cross for which a third party may be wholly or partially liable. The Subscriber shall be obligated to take all reasonable measures of recovery against any third party who may be so liable and to cooperate fully with Manitoba Blue Cross in providing such information relating to the Injury as may be necessary to establish third party liability.
- 9.17 All monies payable under this Agreement shall be paid by Manitoba Blue Cross within 60 days after it has received proof of claim, providing that liability can be established in that period.
- 9.18 If benefits have been paid under this Agreement and thereafter it is established that the benefit expenses or part thereof were not paid by or on behalf of the Subscriber, or that the Subscriber was otherwise reimbursed therefore, the Subscriber shall reimburse Manitoba Blue Cross for the amount of benefits so paid by Manitoba Blue Cross forthwith on demand.
- 9.19 To be eligible for coverage under the Medi-Blue Deluxe Plan all Subscribers must be registered with and entitled to benefits from Manitoba Health.

IN WITNESS WHEREOF,
MANITOBA BLUE CROSS HAS CAUSED
THIS AGREEMENT TO BE SIGNED BY:



ANDREW W. R. YORKE,
PRESIDENT & CEO,
MANITOBA BLUE CROSS



CONTACT US!

IN PERSON

Customer Service Centre
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.USE.BLUE
1.800.873.2583 (within Manitoba only)
1.888.596.1032 (within Canada)
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

BY E-MAIL

info@mb.bluecross.ca

OR VISIT OUR WEBSITE

www.mb.bluecross.ca

® Registered trademark of the Canadian Association of Blue Cross plans, an association of independent Blue Cross plans, used under license by Manitoba Blue Cross.

™ The Blue Advantage symbol and name are registered marks of the Canadian Association of Blue Cross Plans. Used under license by Manitoba Blue Cross.