

Ambulance Benefits	100% reimbursement of reasonable and customary charges for ambulance services provided for residents of Manitoba and Saskatchewan; residents of any other province are based on Manitoba rates.
Medical Transfer Service ("Stretcher Service")	Charges for "non-emergency" transport by a participating medical transfer service are covered to a lifetime maximum of \$250 per person.
Hospital Benefits	100% reimbursement for the charge of a semi-private room in a hospital provided for residents of Manitoba and Saskatchewan if the hospital does not normally provide the semi-private room without charge to any patient. Reimbursement towards the cost of semi-private room charges for stays in a hospital provided for residents of any other province are based on Manitoba rates.
Hostel Accommodation	Manitoba Blue Cross will pay the reasonable and customary daily charge for hostel accommodation if you require diagnostic testing or treatment, on the recommendation of a physician, at a Manitoba hospital located more than 60 km from your home, and if you are placed in a recognized medical hostel associated with the hospital.
Accidental Dental Treatment	80% reimbursement for eligible expenses for dental treatment resulting from accidental injury to the jaw or natural teeth. The treatment must begin within 90 days of the accident.
Cardiac Rehabilitation*	80% reimbursement to a lifetime maximum of \$300 if you are diagnosed with a cardiac disease requiring recognized cardiac rehabilitation program services.
Foot Orthotics	80% reimbursement for eligible expenses for foot orthotics to a maximum of \$250 per person per calendar year.
Medical Appliances*	80% reimbursement for eligible expenses for rental, purchase or repair of: <ul style="list-style-type: none"> • An iron lung, wheelchair, hospital bed, oxygen equipment or respirator to a lifetime maximum of \$1,000 per item per person • Walkers • Other medical equipment to a lifetime maximum of \$250 per person
Orthopedic Shoes	80% reimbursement for eligible expenses for: <ul style="list-style-type: none"> • 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. Payment is limited to one pair per person per calendar year. • Orthopedic shoe modifications (excluding orthotics or insoles, removable or permanently-affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality <p>Note: Boots, sandals or sport-specific footwear are not eligible.</p>
Paramedical Practitioners	80% reimbursement of eligible expenses to a maximum of \$450 per service per person per calendar year, subject to reasonable and customary charges and expenses: <ul style="list-style-type: none"> • Acupuncturist • Athletic therapist* • Audiologist, including audiological assessment, communications assessment, site of lesion assessment and audiological review • Certified Foot Care Nurse and/or Podiatrist (combined) • Chiropractor, including diagnostic x-ray examinations • Mental Health Practitioners - Clinical Psychologist/Social Worker/Counsellor (combined) • Licensed Massage Therapist** • Naturopath • Nutritional Counsellor* • Physiotherapist and/or Occupational Therapist *(combined), excluding diagnostic x-ray examinations. • Osteopath • Speech Language Pathologist
Prosthetic and Remedial Equipment*	80% reimbursement for eligible expenses for the rental, purchase or repair of: <ul style="list-style-type: none"> • Artificial limbs and eyes, compression garments, splints, casts, canes, crutches, trusses, braces, lumbar-sacro supports, corsets, traction equipment and cervical collars • Breast prostheses and surgical bras to a maximum of \$100 per single mastectomy and \$200 per double mastectomy per person per calendar year • Wigs or hairpieces to a lifetime maximum of \$1,000 per person
Private Duty Nursing*	90% reimbursement for eligible expenses for private duty nursing by a professional registered nurse (not a relative) either in the hospital or home, to a maximum of \$3,000 per person per calendar year. Visits to the home must be within 12 months following discharge from the hospital and the service must be consistent with the treatment for the condition for which the patient was hospitalized.

Healthcare Plan

Summary of Benefits for Active Members (cont.)

Assisted Care* Benefit	100% reimbursement for eligible expenses for assisted care services during the year following discharge from a hospital where the patient was hospitalized as an in-patient. Services must be provided by persons regularly employed as a healthcare aide, home care worker or homemaker. Payment is limited to \$30 per day to a maximum of 14 days per illness or injury.
Hearing Aids	100% reimbursement for eligible expenses for the purchase or repair of hearing aids when prescribed by an otologist or clinical audiologist to a maximum of \$450 per person every five years. Note: Expenses for regular maintenance, batteries or recharging devices are not eligible.
Specialist Referral	100% reimbursement for eligible expenses for mileage expenses for rural residents who have been referred by a physician to a medical specialist practicing in a major urban centre in the province. Payment of \$0.30 per kilometre for distances of more than 150 kilometres one-way allowed, up to a maximum of \$200 per person, per calendar year.
Tutorial Services	100% reimbursement for eligible expenses for tutorial services incurred within six months of the date of accident or illness that are required, within 90 days of the illness or injury. Payment is limited to a maximum of \$10 per hour up to a maximum of \$1,000 per illness or injury.
Prescription Drugs	80% reimbursement of eligible expenses to a combined maximum of \$650 per calendar year for you and your eligible family members.
Vision Care	100% reimbursement for eligible eye care expenses for each eligible adult family member (including unmarried children aged 21 to 25 who are full-time students) to a maximum of \$150 per person every two years, following the actual purchase date of the first claim. 100% reimbursement for eligible eye care expenses for dependant children up to the age of 21 to a maximum of \$150 per person per year, following the actual purchase date of the first claim. Note: Reimbursement for contact lenses is subject to the vision maximum, unless an ophthalmologist or optometrist certifies that contact lenses are required as a result of an eye disorder, and that the necessary correction cannot be achieved with ordinary lenses. In this event, reimbursement is limited to \$200 every two years.
Travel Health	Travel health coverage for employees actively at work, or on an approved leave of absence (pre-payment required) to a maximum of \$5,000,000 per person per claim, to a lifetime maximum of \$5,000,000. There is a 90-day maximum duration on any trip that includes travel outside of Canada. For additional information, including exclusions and limitations, please refer to the <i>Travel Healthcare Benefits Summary</i> .
Healthcare Spending Account (HSA)	A \$500 benefit amount if you are a full-time employee and a \$250 benefit amount if you are a part-time employee. For the purposes of the HSA, you are a part-time employee if you work fewer than 1500 hours per year, and you are a full-time employee if you work more than 1500 hours per year.

*When prescribed by the attending physician or nurse practitioner.

**Subject to per visit maximums.

The Healthcare Plan is subject to change. Premiums are based on Plan experience and may change yearly.

This information has been prepared to provide you with a convenient summary of your benefits, in non-technical language. In all cases, the specific benefits available and the terms and conditions under which they are provided, are governed by the Group Agreement between Healthcare Employees' Benefits Plans (HEBP) and Manitoba Blue Cross. In the event of any difference between the terms and conditions in the information provided in this summary or any other form of communication and those of the Group Agreement, the terms and conditions of the Group Agreement shall prevail.

Questions? Please refer to the *Healthcare, Dental & Healthcare Spending Account Benefits* brochure or call Manitoba Blue Cross for an explanation of benefits at (204) 775-0151, toll-free within Manitoba at 1-800-873-2583 or toll-free within Canada at 1-888-596-1032. Have the group and contract numbers listed on your Manitoba Blue Cross card ready.

For more information:

Call HEB Manitoba at:
(204) 942-6591 or
toll-free
1-888-842-4233
(outside Winnipeg)

Email us at:
benefitsinfo@hebmanitoba.ca

Visit our website at:
hebmanitoba.ca

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