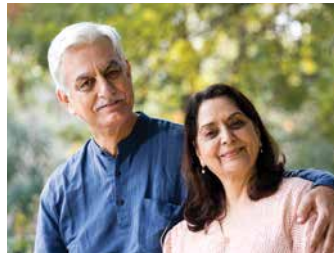


Understanding Your Benefits

# Retiree Healthcare



01-Jun-2024



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# Terms & Conditions

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 Agreement between Healthcare Employees' Benefits Plan (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 Agreement, the terms and conditions of the Agreement shall prevail.

We look forward to serving you!



## Welcome!

HEB Manitoba is pleased to offer healthcare benefits to eligible retired Manitoba healthcare employees and their families.

The HEB Manitoba Retiree Healthcare Plan is administered by Manitoba Blue Cross.

For more information about item coverage or claim submissions, contact Manitoba Blue Cross directly at 204-775-0151 or toll-free at 1-800-873-2583 (within Manitoba) or at 1-888-596-1032 (outside Manitoba but within Canada).

**In any communication with Manitoba Blue Cross, please provide your client and certificate number, which can be found on your Manitoba Blue Cross ID card.**

If you have questions about enrolment or premiums, contact us.

Where legislated, you have the right to request a copy of the following documents:

- Your record of employment.
- Any written statement or other record, not otherwise part of the application.
- You may also request, with reasonable notice, a copy of the Agreement for insured benefits. The first copy will be provided at no cost to you. A fee may be charged for subsequent copies.

All requests for copies of documents should be directed to the HEB Manitoba Privacy & Policy Office.

# SECTION 1: GENERAL PROVISIONS

## Eligibility

Upon your retirement, you and your eligible family members can participate in the HEB Manitoba Retiree Healthcare Plan.

If you are already covered under another group healthcare plan, you may waive coverage or choose to coordinate your benefits. If you waive coverage now and later lose your alternate coverage, you can enrol in the HEB Manitoba Plan if you notify us of the loss of the alternate coverage within 60 days.

To participate in the Plan, you must live in Canada. If you decide to move outside of Canada, you must cancel your membership before moving by notifying us in writing. We will then stop your premium deductions. If you later move back to Canada and get provincial health coverage you can rejoin the Plan.

## Premiums

Premiums are automatically deducted from your monthly Healthcare Employees' Pension Plan (HEPP) payment. If you do not have a pension under HEPP, or if your monthly pension amount is less than your monthly Retiree Healthcare Plan premiums, premiums will be automatically debited from your banking/financial institution account. Visit our website at [hebmanitoba.ca](http://hebmanitoba.ca) for current premium rates.

Premium rates are subject to change based on claims history and the estimated future cost for each benefit. The Healthcare Employees' Benefits Plan (HEBP) Board of Trustees reviews this annually to ensure the financial sustainability of the Plan. For current premium rates, visit our website at [hebmanitoba.ca](http://hebmanitoba.ca).

## Enrolment

Participation in the Plan is voluntary. You have a one-time choice to:

- **Enrol in the Plan.** You have 60 days from the date you are eligible to enrol to complete your enrolment.
- **Permanently waive your participation.** You will not be able to join the Plan at a later date (unless you return to work and then retire again).
- **Waive your participation in the Plan because you are currently covered under an alternate group healthcare plan.** If you waive coverage now and later lose your alternate coverage, you can enrol in the HEB Manitoba Plan if you notify us of the loss of the alternate coverage within 60 days.

## Level I and Level II Coverage

There are two levels of coverage available under the Plan. You must choose Level I or Level II coverage at initial enrolment and you cannot change to another level of coverage at a later date. See *Section 2* for coverage details.

## Single and Family Coverage

You must enrol in the Plan according to your current, true family status. If you have eligible family members, you **must** enrol in family coverage.

### Eligible family members include your:

- Spouse: a person who is legally married to you.
- Common-law partner: a person who has continuously resided with you for at least one full year and whom you've represented as your partner.
  - If you have lived together for one year or more when you enrol, you must enrol in family coverage and notify us immediately. They will be eligible for coverage at the same time as you are.
  - If you have lived together for less than one year when you enrol, you must enrol in family coverage and notify us, even though they will not be eligible for coverage until you have lived together for one year. You will pay premiums for single coverage until they become eligible for coverage, unless you have other eligible family members.

**In the case of separation, your former spouse or common-law partner is not eligible for coverage.**

- Dependent children. The following are considered dependent children:
  - Natural children.
  - Legally adopted children.
  - Stepchildren.
  - The children of your common-law partner, provided the children are living with you either full-time or in a shared custody arrangement.
  - Children for whom the retiree or spouse/common-law partner is the legal guardian.

To be eligible as a dependant under the Plans, children must be unmarried and financially dependent on you.

Children under age 21 who are living with you either full-time or in a shared custody arrangement are considered eligible dependants regardless of their employment status. Coverage stops at the end of the month that the child turns 21.

Children (full-time students) under age 25 are eligible if they are unmarried and attending an accredited educational institution, college or university full-time, regardless of their employment status. Children temporarily residing elsewhere while attending school are still considered eligible.

Children over 21 years of age are eligible if they are unmarried, and dependent on you by reason of a mental or physical disability, provided the disability began before age 21; or before age 25 if the child is a full-time student.

**You must notify us within 60 days of a change in your eligible family members (for example, resulting from marriage, separation, start or end of a common-law relationship, death, birth, adoption, or a change in student status). Failure to do so may result in restrictions to coverage.**

**You must notify us about your family members even if they live outside of Canada. You will not be charged family rates until they arrive in Canada and have valid provincial healthcare coverage. When they do arrive, you must notify us and provide a copy of their provincial healthcare card within 60 days of their provincial health effective date. Their coverage will begin the first of the month following their provincial health effective date.**

## **Waiving Coverage Due to Coverage Under an Alternate Plan**

If you are already covered under another group healthcare plan, you may waive coverage or choose to coordinate your benefits. If you waive coverage now and later lose your alternate coverage, you can enrol in the HEB Plan if you notify us of the loss of the alternate coverage within 60 days.

If you choose to coordinate benefits you must remain in the HEB Plan.



# Coordination of Benefits

If you have alternate coverage (for example you have or your spouse/common law partner has a plan), you can receive up to 100% reimbursement of your family's eligible healthcare expenses by coordinating your coverage.

You are entitled to claim benefits from your HEB Manitoba Plan and your alternate plan as long as the total benefits received does not exceed the actual expenses incurred.

If services are provided to you, and they are covered under the HEB Manitoba Plan, Manitoba Blue Cross would be the "primary" carrier and would pay benefits first. The other insurer would be responsible for any unpaid eligible expenses.

If other coverage is in place, please provide the following when submitting to Manitoba Blue Cross:

- A completed Manitoba Blue Cross *Claim Form* (including client and certificate number),
- A copy of the receipts, and
- The *Explanation of Benefits* or rejection notice from the other insurer.

## Your Expenses

Submit your expenses in the following order:

1. HEB Manitoba Retiree Healthcare Plan through Manitoba Blue Cross.
2. Your spouse/common-law partner's healthcare plan.

## Your Spouse/Common-law Partner's Expenses

Submit your spouse/common-law partner's expenses in the following order:

1. Your spouse/common-law partner's healthcare plan.
2. HEB Manitoba Retiree Healthcare Plan through Manitoba Blue Cross.

## Your Eligible Dependant Child's Expenses

Submit your dependant children's expenses in the following order:

1. To the healthcare plan of the covered person with the earlier month and day of birth.
2. To the healthcare plan of the covered person with the later month and day of birth.

If you are separated or divorced, there are different guidelines based on custody arrangements. Submit your dependant child's expenses in the following order:

### Joint Custody

In cases of joint custody, for example, when both parents have plans and their children are covered under both as dependants, the plan of the parent with the earlier birth date in the calendar year pays first.

1. To the healthcare plan of the biological parent with the earliest birth month.
2. To the healthcare plan of the biological parent with the later birth month.
1. To the healthcare plan of the spouse of the biological parent with the earliest birth month.
2. To the healthcare plan of the spouse of the biological parent with the later birth month.

### Single Custody

1. To the healthcare plan of the parent with custody of the child.
2. To the healthcare plan of the spouse/common-law partner of the parent with custody of the child.
3. To the healthcare plan of the parent without custody of the child.
4. To the healthcare plan of the spouse/common-law partner of the parent without custody of the child.

If you are covered by an employer and an individual policy, the individual plan may be considered second payer to coverage available under your group plan.

If you are covered by a group and retiree plan, claims should be submitted to your group plan first as your retiree plan is considered second payer.

**Health Spending Account Plans are payers of last resort. All other coverage should be exhausted prior to submission under a Health Spending Account.**

Claims should not be submitted to Manitoba Blue Cross when another company is the primary carrier and your dependent(s) is/are covered by another company. In cases where there is an unpaid balance on a claim paid by another company, Manitoba Blue Cross will process the remaining balance. Please remember to include a copy of the payment summary, or explanation of benefits issued by the other company with your claim so that the unpaid balance may be processed for reimbursement of up to 100% of the value of the claim.

## Changing Your Coverage

### Acquiring Coverage After Initial Waiver

If you initially waive coverage because you have coverage under an alternate group plan and you lose that coverage, you have 60 days from the date that alternate coverage ends to enrol in the HEB Manitoba Plan without coverage restrictions.

If you notify us of the loss of alternate coverage and enrol in the HEB Manitoba Plan more than 60 days after the loss of alternate coverage, you and your eligible family members will each be subject to a one-year waiting period. The waiting period begins the day you notify us of the loss of coverage. Premiums will start the month before your coverage begins.

### Cancelling Coverage After Enrolment

If you are enrolled but later obtain coverage under an alternate group plan (for example, your own or your spouse/common-law partner's plan), you can cancel your HEB Manitoba Plan by notifying us. The request to cancel coverage must be made within 60 days from the date you acquire coverage under an alternate plan. Your coverage will be cancelled effective the first of the month from the date you notify us.

If the request is made after 60 days from the date you acquire alternate coverage, you must remain in the HEB Manitoba Retiree Plan, but you can coordinate your HEB Manitoba Retiree Plan coverage with those offered under the other group plan. See *Coordination of Benefits* section for more details.

## Family Status Changes After Enrolment

If you are enrolled and your family status changes, you must notify us within 60 days of the family status change.

### Family to Single Status

If your family status changes to single, your coverage will change to single the first of the month following the date you notify us.

If you notify us more than 60 days after the date your status changes from family to single, you will pay single premium rates going forward only.

### Single to Family Status

If your single status changes to family status (due to marriage, start of common-law relationship, birth of a child, etc.) and you notify us within 60 days of the date you acquire eligible family members, your premiums will change from the single to the family rate the first of the month following the status change.

If you notify us more than 60 days after your status changes from single to family, your eligible family members will each be subject to a one-year waiting period. The one-year waiting period begins the day you notify us of the change. Premiums will start the month before your coverage begins and the change will take effect the first of the month following the one year waiting period.

### Common-Law Partners

The date coverage begins for common-law partners depends on when you began living together and when you notified us of your relationship.

If you were not living together at the time of your initial enrolment, you must notify us of your common-law partner within 60 days of the date you initially begin living together. Your common-law partner will not be eligible for coverage until you have lived together for one full year. You will not be charged family rates until this one-year cohabitation period ends.

If you notify us of your common-law partner more than 60 days after you begin living together, your common-law partner will be subject to a one-year waiting period. You will not be charged family rates until the month before the waiting period ends. The one-year waiting period begins the day you notify us of your common-law partner.



## Addition of Eligible Family Members

If you are enrolled in family status and acquire an additional eligible family member (due to birth of a child, marriage, start of common-law relationship, etc.), and you notify us within 60 days of the date you acquire the additional eligible family member, coverage for the additional family member will begin on the first of the month following the date of acquiring the additional family member. As you are already enrolled in family status, your premiums will not change.

If you notify us more than 60 days after you acquire an additional eligible family member, coverage for the additional family member will begin on the first of the month following the day you notify us of the change.

**Common-Law Partners:** The one-year cohabitation requirement for a common-law partner continues to apply. Once the one-year cohabitation requirement is met, and provided you already have family coverage, they will be eligible for coverage on the first of the month following the date you notify us.

# Termination of Coverage

Members can terminate their coverage if they get alternate group healthcare plan coverage or move to a personal care home that covers all benefit expenses (you must provide written proof).

If you move outside of Canada your coverage will also be terminated, as you must have provincial health coverage to be eligible for the HEB Manitoba Plan.

If you need to cancel your coverage for these reasons contact us.

## **Death of a Member or Spouse/Common-law Partner**

**In the event of your death, coverage may continue for your surviving spouse/common-law partner.**

**If you or your spouse/common-law partner dies it is important that someone has been designated to contact us so that coverage and premium rates can be changed to “single,” if required.**

**If appropriate notification is not provided to us, coverage will continue to be provided at “family” rates.**

There is a 90-day claim limitation period from your coverage end date to submit claims for any eligible expenses incurred before your coverage ended. Benefit payments are limited to your maximum benefit amount.

# General Claim Exclusions

## **Manitoba Blue Cross will not pay for the following:**

- Any services or supplies received unless the person is covered by the government health plan in their home province.
- Services and supplies you are entitled to without charge by law, or for which a charge is made only because you have coverage under the Plan.
- Services or supplies not listed as covered expenses.
- Charges in excess of usual, Reasonable and Customary maximum limits.
- Services related to the treatment of Temporomandibular Joint dysfunction.
- Services and supplies for cosmetic purposes.
- Charges for completing claim forms or for missed appointments.
- Services covered or provided by Worker's Compensation, any government agency or a liable third party.
- Charges for services provided before the effective date of coverage.
- Expenses for services and supplies 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.

## Submitting Claims

### **Contact Manitoba Blue Cross for information about how to submit your claims.**

Phone: 204-775-0151

Toll-free: 1-800-873-2583 (outside Winnipeg)

Fax: 204-772-1231

Website: [mb.bluecross.ca](http://mb.bluecross.ca)

Include your client and certificate number on any communication to Manitoba Blue Cross. Your client and certificate number can be found on your Manitoba Blue Cross ID card.

**Claims must be submitted within the claim limitation period. Expenses that are more than two years old will not be accepted.**

# mybluecross® and Direct Deposit Payments

You can access HEB Manitoba Healthcare information through the mybluecross® website. To register, visit [mb.bluecross.ca](http://mb.bluecross.ca). Once registered, you will have access to benefit details and eligibility, claim information, and can order a temporary ID card if your card is lost. In addition, once you register for mybluecross® you can apply for direct deposit and enjoy the convenience of having your claims payments deposited directly into your bank account. Once you have registered for direct deposit you will be notified by email when your claims are paid and reimbursements are deposited. You will have access to online claims details and statements, which you can review and print. You can also access and change your banking information at any time.

To ensure only you can access your personal information, registration information must match the information Manitoba Blue Cross has on file. Please take precautions to protect your username and password.

Direct your questions about the mybluecross® website to:

**Manitoba Blue Cross**

Phone: 204-775-0151

Toll-free: 1-800-873-2583 (outside Winnipeg)

Fax: (204) 772-1231

Website: [mb.bluecross.ca](http://mb.bluecross.ca)



## SECTION 2: PLAN BENEFITS

The two levels of Retiree Healthcare Plan coverage available are summarized below. **You must choose Level I or Level II coverage at initial enrolment and you cannot change to another level of coverage at a later date.**

All eligible healthcare expenses are paid based on “Reasonable and Customary” charges or expenses, which refers to the amount usually charged for specific medical procedures or services in the area where the procedures or services are provided.

### Level I and II Coverage

**You will be reimbursed 100% for the following eligible expenses in Manitoba, subject to their maximum:**

#### Ambulance Benefits

Payment of Reasonable and Customary charges for ambulance services provided within Manitoba, and payment of up to \$250 per trip for ambulance services provided elsewhere. This includes not only local ambulance services to and from the hospital but also long-distance ambulance trips for which additional mileage charges are made.

There are no limits on the amount payable within the province or on the number of trips covered.

All “emergency” ambulance trips are covered, and “non-emergency” trips are covered on the prior recommendation of an attending physician if the patient is non-ambulatory and cannot be transported by any means other than ambulance.

Air ambulance allowances will be paid up to the amount equivalent to the cost of the same trip if the services had been provided by ground.

#### Stretcher Service (Medical Van)

Charges for “non-emergency” transport by a participating stretcher service are covered to a lifetime maximum of \$250 per person.

#### Hospital Benefits

Payment for the charge of a semi-private room in your province of residence if the hospital does not normally provide the semi-private room without charge to any patient. Comparable payments towards the cost of semi-private room charges by hospitals elsewhere in Canada.

If you reside outside Manitoba and are hospitalized, payment of benefits is based on the rate Manitoba charges for the service, except for semi-private hospital room accommodation. The semi-private room benefit is 100% of the difference between the standard ward and the semi-private room rate in effect in Manitoba, Saskatchewan and Ontario.

## Medical Accommodation

Payment for the charges for medical accommodation from an approved provider if you require diagnostic testing or treatment at a hospital located outside a 60 km radius from your home. Prior authorization is recommended.

## Exclusions and Limitations

The ambulance and hospital expenses are limited to the Reasonable and Customary charges or expenses, which is the amount usually charged for specific medical procedures or services in the area where the procedures or services are provided.

If you are hospitalized prior to the effective date of your coverage, you will not be entitled to benefits until the first of the month following 30 days after your discharge from the hospital.

HEB Manitoba and Manitoba Blue Cross are not responsible for the availability or provision of any of the services or supplies described in this brochure.

## Level II Coverage Only

**You will be reimbursed 80% for the following eligible expenses not covered by Manitoba Health, subject to their maximum:**

### Accidental Dental Treatment

Expenses for dental treatment resulting from accidental injury (and not by an object wittingly or unwittingly placed in the mouth) to the jaw or natural teeth. The treatment must begin within 90 days of the accident.

### Cardiac Rehabilitation

A lifetime maximum of \$300 for patients with diagnosed cardiac disease requiring services of a recognized cardiac rehabilitation program when prescribed by the attending physician or nurse practitioner.

## Medical Appliances

When prescribed by the attending physician or nurse practitioner, charges for rental, purchase or repair of:

- A wheelchair, hospital bed, oxygen equipment or respirator, to a lifetime maximum of \$1,000 per person.
- Walkers.
- Other medical equipment to a lifetime maximum of \$250 per person. Contact Manitoba Blue Cross for prior approval.

## Orthopedic Shoes and Modifications to Orthopedic Shoes

Charges for orthopedic shoes custom made from a mould, or stock shoes that 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.

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

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



## Paramedical Practitioners

Expenses for the following licensed practitioners'\* services to a maximum of \$450 per service per person per calendar year, subject to Reasonable and Customary charges and expenses:

- Athletic Therapist, when prescribed by a physician or nurse practitioner.
- 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.
- Clinical Psychologist, when prescribed by a physician or nurse practitioner.
- Licensed massage therapist.\*\*
- Naturopath.
- Registered Dietician, when prescribed by the attending physician or nurse practitioner.
- Physiotherapist and/or occupational therapist (combined), excluding diagnostic x-ray examinations. Occupational therapist must be prescribed by a physician or nurse practitioner.
- Osteopath.
- Speech Language Pathologist.

\* Licensed practitioner must be an approved Manitoba Blue Cross provider.

\*\* Subject to per visit maximums.



## Prescription Drugs

A combined maximum of \$450 per family per calendar year for you and your family for charges for drugs or medicines that are eligible with Manitoba Pharmacare, prescribed by a physician or nurse practitioner and dispensed by a pharmacist.

For example, if your family spends \$600 in one year on prescription drugs, the Retiree Healthcare Plan would pay \$450 and you would pay the remaining \$150.

Expenses	\$600
Less Maximum (reimbursed to you)	<u>\$450</u>
You would pay	<b>\$150</b>

## Private Duty Nursing

Expenses for private duty nursing by a professional registered nurse (not an employee of the hospital or a relative) either in the hospital or home, when prescribed by the attending physician or nurse practitioner, to a maximum of \$5,000 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.

## Prosthetic and Remedial Equipment

When prescribed by the attending physician or nurse practitioner, expenses for the purchase or repair of:

- 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.

## Travel Protection

Medical, surgical, and hospital services resulting from accident or illness while travelling out of your province of residence, to a maximum of \$2,500 per person per calendar year (additional travel health insurance recommended).

## Exclusions and Limitations

**The Retiree Healthcare Plan will not pay for the following:**

- Any drugs or medicines in excess of a 100-day supply.
- Services supplied by a resident in the patient's home or who is a close relative of the patient.
- Orthodontic services.
- Dental implants.

See also *General Claim Exclusions* section.

## Explanation of Benefits

Upon receipt of your claim, Manitoba Blue Cross will process claims in accordance with the provisions of the applicable healthcare plan.

Manitoba Blue Cross will provide an Explanation of Benefits with each claim payment. Statements are only issued with payment so a claim under the minimum payment will not generate a statement until payment is made.

You can view Credits Accrued and Credits Used and Healthcare Spending Reports in mybluecross®, your online member account. If you have registered for mybluecross® through the Manitoba Blue Cross website, this statement is available online.

# More Information

You can get more information in the following ways:

## hebmanitoba.ca

Visit **hebmanitoba.ca** for information about your benefits and to access the member portal.

### Member Portal

Log in to the member portal at hebmanitoba.ca. You can use the tools on the member portal to:

- See coverage and premium details for your HEB Manitoba benefits
- Update your personal information
- Report life events to keep your coverage up to date
- View your Annual Statements and other HEB Manitoba documents
- Communicate with us on a secure platform
- And more...

### Email

info@hebmanitoba.ca

*Please do not include personal information in your email.*

### Fax

204-943-3862

### Mailing Address

HEB Manitoba  
900-200 Graham Avenue  
Winnipeg, Manitoba R3C 4L5

### Accessibility

This publication is available in alternate formats on request. To request an alternate format, please email us at [accessibility@hebmanitoba.ca](mailto:accessibility@hebmanitoba.ca).

### Telephone

Phone: 204-942-6591

Toll-free: 1-888-842-4233

### Privacy

Direct privacy-related questions, comments, or requests to:

HEB Manitoba Privacy & Policy Office

Phone: 204-975-3197

Toll-free: 1-855-975-3197

Email: [privacy@hebmanitoba.ca](mailto:privacy@hebmanitoba.ca)

You can read our Privacy Notice on our website at **hebmanitoba.ca**.

