



EXTENDED HEALTH CARE PLAN

Introduction

Extended Health Care provides financial assistance for medical expenses that are not covered by Manitoba Health, both inside and outside of Manitoba.

Doctors Manitoba's group premiums are much lower than you would pay on an individual basis, and individual coverage is not nearly as comprehensive as the group coverage.

You are guaranteed insurability, which means that no medical exam is required. Pre-existing conditions are covered.

Your coverage is portable. If you move outside Manitoba and maintain your affiliation with Doctors Manitoba, you may continue your extended health coverage for up to 90 days as long as you pay the premiums.

What's Covered

The plan covers 100% of the cost for ambulance and semi-private hospital accommodation. See Ambulance and Semi-Private Hospital Coverage for details.

The plan covers 80% of the reasonable and customary charges for the following expenses:

- prescription drugs
- private duty nursing
- cardiac rehabilitation
- accidental dental
- medical products and equipment
- paramedical services
- hearing aids

See Supplementary Health Coverage for details of eligible expenses.

The plan provides emergency travel coverage for trips of up to 60 days for you and your dependents. See Travel Coverage for details.

Eligibility

You are eligible to apply for coverage if you are:

- under age 70,
- resident in Manitoba, and
- a Doctors Manitoba member or affiliate.

New physicians may enrol within one year of being eligible to join Doctors Manitoba as a regular member. If you decide not to join the plan when you are first eligible, you may only enrol during an annual November group reopening.

Your coverage also applies to the following eligible dependents (family rates apply):

Spouse is :

- the person you are legally married to or
- the person you have continuously resided with for at least one year in a conjugal relationship

Dependent children are your:

- unmarried children under age 21 (or under age 25 if enrolled as a full time student in an accredited college or university in Canada) who are principally dependent on you for support and maintenance
- children of any age with a physical or mental infirmity, provided they were insured prior to age 21 or age 25 if in full-time attendance at a specialized school, college or university

You must enrol according to your true family status.

No medical exam is required. Pre-existing conditions are covered.

Coverage begins on the date Doctors Manitoba receives your application, unless you enrol during a re-opening period, where coverage will be in effect January 1 or June 1, following the reopening.

Once enrolled in the plan, you are not required to re-enrol, you will be invoiced automatically each year.

If you withdraw from the plan you may not rejoin the plan at a later date. This protects the viability of the plan by preventing people from enrolling only at periods when they know they require extensive coverage.

Ambulance and Hospital Coverage

Ambulance

Emergency Ground or Air Ambulance Service – 100% coverage of reasonable and customary charges for transportation by ambulance from where the accident or sickness occurs to the nearest hospital where appropriate treatment can be provided

Non-Emergency Ambulance Service – 100% coverage of reasonable and customary charges for transportation (upon recommendation by a physician) by ambulance to the nearest hospital where appropriate treatment can be provided, (e.g., from hospital to hospital, or from hospital to home)

Medical Transfer Service – lifetime maximum of \$250 per person for “non-emergency” transportation by a participating medical transfer service

Out-of-Province Ambulance – maximum of \$250 (Canadian funds) per person

Emergency Evacuation – when a regular ambulance service cannot be used, coverage for emergency evacuation from a mountain, body of water or other remote location by a commercial operator licensed to convey passengers to the nearest qualified medical facility capable of providing appropriate treatment, to a maximum benefit payment of \$5000 per subscriber

Semi-Private Hospital Coverage

Semi-Private Hospital Accommodation – coverage for the difference in cost between standard ward and semi-private rates for in-patient hospital accommodation in Canada

Hostel Accommodation – 100% coverage for reasonable and customary per diem charges for hostel accommodation if you or your dependents require diagnostic testing or treatment at a Manitoba hospital located more than 60 km from home when recommended by a medical practitioner

Supplementary Health Coverage

Prescription Drugs – 80% coverage - you may fill prescriptions using the Blue Net drug card system. You just give your pharmacist your drug card and the pharmacist goes online with Blue Cross. You will be told how much you have to pay (typically your 20% share) and Blue Cross pays the balance to the pharmacy. The card system eliminates the need to file paper claims

Formulary Drugs – charges for drugs or medicines listed in the current edition of the Manitoba Drug Benefits and Interchangeability Formulary as issued by the Government of Manitoba, and sold on the written prescription of a physician

The plan pays up to the Manitoba Pharmacare deductible. Pharmacare pays 100% of the cost exceeding this amount. Pharmacare deductibles are:

Please use the following link to determine your family’s pharmacare deductible:

<https://www.gov.mb.ca/health/pharmacare/estimator.html>

Non-Formulary Drugs – charges for drugs or medicines not listed in the current edition of the applicable Provincial Drug Plan Formulary or Blue Cross Formulary, and sold on the written prescription of a physician

The non-formulary plan does not cover the following prescription drug expenses:

- proprietary drugs
- “over the counter” drugs, smoking cessation products
- fertility drugs

The annual maximum amount payable for non-formulary drugs shall be \$1000 per family. Blue Cross requires all plan participants to register with the Provincial Pharmacare Program. Proof of Pharmacare Registration will be requested by Blue Cross. (www.gov.mb.ca/health/pharmacare/apply)

Paramedical and Health Professionals – 80% coverage

Note: some maximums and limitations apply

Paramedical Practitioners – maximum \$750 per person per practitioner per calendar year for diagnosis and treatment, excluding X-rays, of chiropractors, osteopaths, naturopaths, audiologists, speech therapists and licensed massage therapists

Physiotherapy and Podiatry – maximum \$750 per person per practitioner per calendar year for diagnosis and treatment, excluding X-rays. Includes certified Foot Care Nurse

Nutrition Counseling – maximum \$750 per person per calendar year for services of a registered dietician when prescribed by a physician

Clinical Psychology – maximum \$750 per person per calendar year when referred by a physician

Athletic/Occupational Therapy – combined maximum of \$300 per person per calendar year when prescribed by a physician

Hearing Aids – 80% coverage

Note: maximum of \$1,500 per person in a five consecutive year period

- must be prescribed by an Otologist or Clinical Audiologist
- **no coverage** for charges for batteries or recharging devices

Medical Supplies and Equipment – 80% coverage

Note: some maximums and limitations apply; written prescription of a physician required

Foot Orthotics – charges for the cost of foot orthotics when prescribed by the attending physician, occupational therapist, physiotherapist or podiatrist, to a maximum of \$300 per person per calendar year

Prosthetic Appliances and Miscellany – artificial limbs and eyes, crutches, splints, casts, trusses, braces, lumbar-sacro supports, corsets, traction equipment, knee braces, cervical collars, and surgical elastic stockings

Orthopedic Shoes – orthopedic shoes custom made from a mould, stock shoes which are modified, or orthopedic shoe modifications (excluding orthotics, covered above, or insoles, removeable or permanently affixed) to accommodate, relieve or remedy a mechanical foot defect or abnormality, to a maximum of \$300 per person per calendar year

Breast Prosthesis – breast prosthesis and surgical bras (maximum \$400 per calendar year per single prosthesis or bra, or \$800 per calendar year per double prosthesis or bra)

Wigs – wigs or hairpieces necessitated by illness or accidental injury (lifetime maximum of \$1,000 per person)

Rental or Purchase of Medical Equipment – lifetime maximum of \$250 per person

Iron Lung, Wheelchair, Hospital-type Bed or Respirator – lifetime maximum of \$1,000 per person for purchase or rental

Private/Duty Nursing – 80% coverage

Note: to a maximum of \$3,000 per person per calendar year

- charges for private duty nursing in a hospital by a professional nurse (not an employee of the hospital) when recommended by a physician
- charges for in-home nursing visits by a professional nurse (not a relative) during the 12 months following discharge from a hospital for services consistent with in-patient treatment

Cardiac Rehabilitation – 80% coverage

Note: to a lifetime maximum of \$300 per person

- for patients diagnosed with cardiac disease requiring the services of a recognized cardiac rehabilitation program, when prescribed by the attending physician

Accidental Dental Treatment – 80% coverage

- when required as a result of accidental injury where natural teeth have been damaged or broken or a dislocated jaw requires setting
- treatment must commence within 90 days of the accident

Eye Examinations – 80% coverage

- charges for the cost of one eye examination per person every 24 months, provided that no portion of the cost is eligible for payment under any legislated plan (limited to usual customary and reasonable charges – some providers may charge more than customary and reasonable charges)

Vision Care

- 100% coverage for charges for prescription eyeglasses or contacts or laser eye surgery up to \$300 per year per person, in any consecutive 24 months.

Travel Coverage**Introduction**

The plan includes coverage for emergency medical expenses while travelling out-of-province or out-of-country. There is no maximum trip duration if your trip is outside of your home province but still within Canada. If any portion of your trip includes travel outside of Canada, then the entire trip is subject to a trip maximum of 60 days for you and your dependents. If your trip duration exceeds the maximums noted above, coverage for the whole trip will be invalidated.

A trip begins when you leave home. A new trip begins when you have returned to your home province for 24 hours or more.

A lifetime maximum of \$5,000,000 per person will apply

Retired or Age 65 and Over Limited Coverage

A pre-existing condition exclusion applies. This means you consulted a physician for an illness or medical condition, were hospitalized, received treatment, were prescribed treatment or new medication or were given a change in prescribed medication during the 90 days prior to the departure date. Coverage for persons who are age 65 and over or under age 65 and retired is limited to trips of a maximum duration of 60 days. You should purchase additional coverage to adequately protect yourself if you are travelling for longer than 60 days. Individual Blue Cross travel medical insurance is available through Doctors Manitoba. See Purchasing Additional Travel Coverage for more information.

What's Covered

The following are eligible expenses under the travel medical benefit. Coverage or reimbursement is based on reasonable and customary charges for services provided by a legally qualified medical practitioner licensed in the jurisdiction where the service is performed. Exclusions and limitations may apply.

Hospital – in-patient and out-patient charges for services and supplies provided by a licensed hospital

Medical and Surgical – does not include charges for services associated with general examinations for “check-up” purposes or for cosmetic purposes

Ambulance – transportation from the place of illness or accident to the nearest hospital capable of providing appropriate treatment

Air Transportation – by stretcher after receiving treatment at a hospital as an in-patient, provided the trip is directly to the patient's home city in Canada

Dental Charges (maximum \$3,000 per person per accident) – for service to natural teeth when necessitated by a direct accidental blow to the mouth only:

- treatment must be rendered within 180 days of the accident
- charges for out-of-province treatment for the emergency relief of dental pain, to a maximum of \$300

Blood and Blood Plasma – if not available free of charge

Return Air Travel – additional cost, if any, for the most direct economy air fare from the place where you or a dependent is hospitalized as an in-patient to the patient's home city in Canada

- a letter of support from the attending physician is required
- coverage also applies to one relative or friend who is covered by a Blue Cross Travel Health Plan and is traveling with the patient at the time of illness or injury

Private Duty Nursing – charges for a graduate professional nurse registered in the place where the service is rendered. Services must be recommended by the attending physician (the nurse must not be a relative of yours)

Diagnostic Services and Physiotherapy – when provided in a hospital

Drugs and Medicines – purchased on the prescription of a licensed physician
Vitamins, vitamin preparations, patent or proprietary drugs or “over the counter” drugs are not considered eligible expenses

Additional Board and Lodging Expenses – for a traveling companion also covered by a Blue Cross Travel Health Plan who remains with you or your covered dependent during hospitalization as an in-patient beyond the original duration of the trip

Chiropractic and Podiatry Services – a letter from the attending practitioner certifying services were for acute care must be submitted with the claim

Vehicle Return (maximum \$ 4,000) – to return a private or rental vehicle to your place of residence or nearest rental agency if you are totally disabled and unable to drive the vehicle

Hospital Allowance (up to \$40 per day to a maximum of \$1,000) – for each day of hospitalization as an in-patient

Glasses or Contact Lenses (maximum \$100) – for repair or replacement as a result of an accident which also resulted in injury which required treatment by a physician

Loss of life (maximum \$7,500) – to transport a deceased person covered by this plan to the home city in Canada (including costs of preparation and standard transportation container) or up to \$5,000 for cremation or burial at place of death

Family Transportation – to the bedside of a covered person confined as an in-patient for at least 3 days, when recommended in writing by the attending physician

- direct roundtrip economy fare for a family member to travel to identify a deceased covered person prior to release of the body, if required by law
- charges for commercial accommodation and meals to a combined maximum of \$500 for persons travelling to the bedside or travelling to identify a deceased family member
- additional cost of return economy airfare for an escort to accompany your children (up to 18 years of age) to their province of residence in the event you have been evacuated to Canada for medical reasons
- additional cost of returning your pet to your home city in Canada up to a maximum of \$500, in the event you are confined to hospital for at least 3 days outside your province of residence
- charges for emergency veterinary care due to unexpected injury of accompanying pet to a maximum of \$200

Travel Exclusions and Limitations

The following are not eligible:

- persons on sabbatical, paid and non-paid leave of absence, employee exchange or other such similar absence in excess of 90 days
- persons travelling outside Canada for full-time educational purposes
- persons travelling outside their province of residence for the purpose of obtaining medical treatment

- persons travelling against medical advice
- charges associated with the required confinement due to childbirth and delivery are not covered if any portion of travel outside your province of residence falls after the 31st week of gestation
- charges for a medical condition or emergency that occurs or recurs after Blue Cross or the International Travel Assistance provider recommends returning home following emergency treatment and you choose not to return
- Expenses resulting from non-compliance with any prescribed medical therapy or medical treatment (as determined by Blue Cross) or failure to carry out a physician's or health care practitioner's instructions
- A medical condition for which it was reasonable to expect treatment or hospitalization during the trip

International Travel Assist – Provides 24-hour worldwide assistance if you have a medical emergency

You, the hospital or attending physicians should contact International Travel Assistance:

- when it is difficult to locate medical care
- to verify insurance coverage
- when hospitalized or when treatment is provided
- when treatment is complicated by language problems
- when a medical evacuation may be necessary

Be sure to take your Blue Cross I.D. card with you when you travel.

Travel Definitions

Change in prescribed medication **means the medical dosage or frequency has been reduced, increased, stopped and/or medication has been prescribed. It does not mean:**

- a change from a brand name medication to a generic of the same dosage
- the routine adjustment of Coumadin, Warfarin, insulin or oral medication to control diabetes (as long as they are not newly prescribed or stopped) and there has been no change in your medical condition

Treatment – means a medical or diagnostic procedure prescribed, performed or recommended, including but not limited to, prescribed medication, investigative testing and surgery. Treatment does not include a change in prescribed medication for a medical condition which has been stable and controlled or a medical examination in which a physician observes no change in a previously identified condition for the 90 day period prior to the departure date.

Stable and controlled – means the medical condition is not worsening and there has been no change in prescribed medication for the condition or its usage or dosage, nor any other treatment prescribed, recommended or received for the 90 day period prior to the departure date.

Purchasing Additional Travel Coverage

Travel

You should obtain alternate travel coverage if you or your dependents are:

- age 65 or over but plan to travel for more than 60 days
- under age 65 but plan to travel for more than 60 days
- under age 65 and retired but plan to travel for more than 60 days

Any extension purchased to extend the coverage beyond the 60 day limitation will invalidate all coverage for that trip under the Travel Health Benefits.

Individual Blue Cross travel medical insurance is available through Doctors Manitoba.

Trip Cancellation

Blue Cross trip cancellation insurance, airfare cancellation and/or holiday cancellation protection is available through Doctors Manitoba.

The coverage reimburses certain expenses incurred when you:

- are forced to cancel your trip prior to departure
- return prior to or later than originally scheduled
- miss a connection at a holiday departure point

Covered risks include sickness, injury and missing a connection due to a delay of the connecting carrier.

For more information, or to purchase coverage, contact the Doctors Manitoba office.

What's Not Covered

The following are **not** covered:

- services not listed in the section "What's Covered"
- services or supplies which are paid by Medicare, Pharmacare or similar government plan
- any portion of a charge for services in excess of the reasonable and customary charge for treatment of an illness of similar nature or severity in the locality where the service is provided
- illness or injury resulting from:
 - war, insurrection or the hostile action of the armed forces of any country
 - participation in a riot or civil commotion, or in the commission or attempted commission of a criminal offense
 - any cause for which indemnity or compensation is provided under Workers' Compensation or similar legislation

- dependent children attending college outside of Canada

General Information

Definitions

Age means age as of January 1 of each year (the policy anniversary date) up to age 64. From age 65 your actual date of birth is used.

Spouse is:

- the person you are legally married to or
- the person you have continuously resided with for at least one year in a conjugal relationship

Dependent children are your:

- unmarried children under age 21 (or under age 25 if enrolled as a full time student in an accredited college or university in Canada) who are principally dependent on you for support and maintenance
- children of any age with a physical or mental infirmity, provided they were insured prior to age 21 or prior to age 25 if in full-time attendance at a specialized, school, college or university

Effective Date of Insurance

Coverage takes effect when Doctors Manitoba receives your application. If you are enrolling during a re-opening period, coverage takes effect on the January 1st following the re-opening.

Changing Your Coverage

If your marital status changes or new dependents are added through birth or adoption, notify the Doctors Manitoba Insurance Services Department within 60 days of the event to ensure your coverage is correct.

Termination of Insurance

Your coverage ends on the earliest of the date:

- 90 days after you become a non-resident of Manitoba
- any premium required is due and unpaid
- your association with Doctors Manitoba ends
- the policy is terminated
- for a dependent, on the date the dependent ceases to meet the definition of eligible dependent

Upon death of an insured member, the spouse and eligible dependents are eligible to continue participation in the plan.

How to Apply and Claim

How to Apply

An application form is available in the Forms Library on the Doctors Manitoba website www.docsmb.org.

Submit to Doctors Manitoba your completed, signed application form and a cheque for applicable premiums made out to Doctors Manitoba. Payments can also be made by pre-authorized deduction from your bank account.

How to Make a Claim

A claim form is available in the Forms Library on the Doctors Manitoba website doctorsmanitoba.ca.

Send your completed claim form and any supporting evidence required, such as detailed receipts (for prescription drugs receipts must include the Drug Identification Number) or physician's letter to the Insurer.

Reimbursement of eligible expenses will be promptly made by the insurance company.

Effective: January 1, 2018