

Your Plan at a Glance for the 2024-2025 Academic Year (September 1, 2024 – August 31, 2025)

The following information provides a basic outline of the coverage available under your plan and is subject to the master policy.

Eligible expenses are the usual, customary, and reasonable charges as determined by Blue Cross for the following services and supplies required for the treatment of illness or injury within Canada. The amount payable is limited to a lifetime maximum of \$1,000,000 per person.

Medical Services

Coverage for the following services that is medically required:

- physicians' services
- surgery/anesthesia
- x-ray and laboratory services in approved facilities when ordered by a physician

Other Practitioner Services

Chiropractors

Coverage for adjustments of the spinal column, pelvis and extremities to a maximum of 7 visits (maximum of \$10 per visit) per person per calendar year. Diagnostic x-rays and examinations are not covered.

Dental Surgeons

Coverage for certain dental procedures when hospitalization is required.

Optometrists

Coverage for one routine complete eye examination in a 2-year benefit period for persons under the age of 19 years, 65 years of age and over, or any age when warranted by medical conditions.

Coverage for certain tests by optometrists including, full threshold visual field test, tonometry test, and dilated fundus examination.

Hospital Services

Coverage for the following hospital services:

- accommodation and meals at the standard level
- necessary nursing services
- laboratory, x-ray and diagnostic procedures
- medications administered in a hospital
- surgery including use of the operating room, care room and anesthetic facilities
- routine surgical supplies
- occupational therapy, speech therapy and physiotherapy
- dietary counselling

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Prescription Drugs or Medicines

Coverage for drugs or medicines eligible under the Manitoba Pharmacare formulary after an income based deductible is satisfied which are prescribed by a physician or nurse practitioner and dispensed by a pharmacist.

Drugs or medicines is limited to \$25,000 per person for the first 6 consecutive months for the student and the first 12 consecutive months for the student's spouse and dependent children.

Additional Plan Benefits

Breast Prosthesis and Bra

Coverage for the purchase of breast prosthesis and bra, when a person chooses to claim EITHER:

- a. a benefit every two years up to a maximum of:
 1. \$400 per prosthesis to a total of one prosthesis for a single mastectomy; or
 2. \$400 per prosthesis to a total of two prostheses for a bilateral mastectomy; and,
 3. \$50 per bra

OR

- b. every four years up to a maximum of:
 1. \$800 per prosthesis to a total of one prosthesis for a single mastectomy; or
 2. \$800 per prosthesis to a total of two prostheses for a bilateral mastectomy; and,
 3. \$100 per bra

Contact Lenses for Infants

Coverage for one lens per eye per infant for congenital disorders in infants when prescribed by an ophthalmologist to a maximum of \$190 for a single lens and \$380 for bilateral lenses.

Hearing Aids for Children

Reimbursement is subject to a deductible of \$75 per claim and 80% of eligible expenses. Eligible expenses for children under the age of 18, when prescribed by an otolaryngologist or audiologist, include:

1. a fixed amount for an analog device, up to a maximum of \$500 per ear
2. a fixed amount for a digital or analog programmable device, up to a maximum of \$1,800
3. a fixed amount for additional services, such as dispensing fees, ear molds, and ear impressions

One device is allowed per ear every four years, unless there is a medically diagnosed change in the child's condition.

Charges for repairs, batteries, ear mold replacements, additional ear molds and lost hearing aids are not covered.

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Home Hemodialysis Utility Reimbursement

Reimbursement for the cost of utility expenses for electricity and water for persons with end stage renal disease:

1. up to an annual maximum of \$2,116 for nocturnal home hemodialysis patients
2. up to an annual maximum of \$704 for conventional home hemodialysis patients

Inter-facility Medical Transfer

Medically-necessary, inter-facility transports for patients being transported between health-care facilities for diagnostic tests or treatment, or from a more specialized level of care to another facility closer to the patient's Manitoba residence for rehabilitation or recovery.

Eligibility criteria for coverage of inter-facility medical transports includes:

1. the patient must medically require transportation by ambulance as determined by a physician, and
2. the patient is being transferred between designated health-care facilities for diagnostic tests or treatment, or from a more specialized level of care to another facility closer to the patient's Manitoba residence for rehabilitation or recovery.

Air ambulance transfers for patients meeting the acuity requirements for transportation. Payment for the air component of the transport will be eligible excluding costs associated with land ambulance transport to and from the airport.

Air ambulance will provide rapid inter-facility transport for critically ill or injured patients from areas outside a 200 kilometer radius of Winnipeg.

Air ambulance is staffed by flight nurses with advanced critical care training and experience and may be supplemented by critical care or emergency physicians, obstetricians, neonatology physicians and respiratory therapists depending on a patient's needs.

Orthopedic Shoes and Modifications

50% reimbursement for the cost of two pair of orthopedic shoes per year plus modifications as prescribed by a physician or nurse practitioner for persons under the age of 18:

- up to a maximum of \$27.80 for the cost of stock shoes
- up to a maximum of \$41.80 for the cost of shoes for children with different sized feet
- up to a maximum of \$139 for the cost of custom-made shoes

An allowance of \$5.55 per pair of shoes is also provided for modifications.

Prosthetic Eye

Coverage for one device every two years when prescribed by a physician or nurse practitioner for artificial eyes or cosmetic shells and related services including building up, refitting, resurfacing and repolishing.

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Prosthetics and Orthotics

Coverage for one device every two years, unless there has been a medically diagnosed change in prescription or the initial device is damaged beyond repair, when prescribed by a physician or nurse practitioner for:

- Limb prosthetic devices and services
- Limb and spinal orthotic devices and services

Devices and services provided by a person who is certified as a prosthetist or orthotist by the Canadian Board for Certification of Prosthetists and Orthotists may be eligible.

Repatriation

In the event of loss of life, up to \$15,000 towards the cost of transporting the deceased student to their country of origin (including costs of preparation and standard transportation container), or up to \$5,000 for cremation or burial at place of death. The cost of a coffin or urn is not covered.

Return to Country of Origin

A patient may be returned to their country of origin if they are terminally ill or if it is reasonably expected that the student will no longer be able to continue their studies due to their medical condition. Any emergency transportation such as air ambulance, one-way economy airfare, stretcher and/or a medical attendant must be pre-approved and arranged by Blue Cross. Coverage ceases once the patient has been returned to their country of origin or if the patient refuses to return to their country of origin.

Senior Eyeglasses

Reimbursement is subject to a deductible of \$50 for the cost of one pair of eyeglasses every three years, or more often if a physician, nurse practitioner or optometrist diagnoses a change in vision, for persons 65 years of age and over. Benefits are based on a fixed fee schedule, not on the actual amount paid for dispensing fees, frames and lenses. Sunglasses, contact lenses and repairs are not covered unless medically required.

Telecommunication Equipment

Reimbursement is subject to a deductible of \$75 per claim and 80% of the cost of telecommunications equipment up to maximum of \$428 for one device every five years for persons who are profoundly deaf or speech impaired as diagnosed by an otolaryngologist or an audiologist.

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Transportation to the Bedside

Coverage for transportation, incurred by up to two immediate family members, to the bedside of a student who is hospitalized for at least seven consecutive days in Manitoba. This benefit must be supported by the written verification of the attending physician that the student's medical condition is serious enough to require the visit. Coverage includes round-trip economy airfare to Manitoba up to a combined maximum of \$5,000, and reasonable living expenses while in Manitoba for meals and accommodation up to a combined maximum of \$200 per day to an overall maximum benefit payment of \$1,500.

Exclusions and Limitations

- a) Blue Cross shall not pay for:
1. any drug or medicine not listed in the most current edition of the Manitoba Drug Benefits and Interchangeability Formulary as issued by the Government of Manitoba regardless of whether the prescription has been issued by a physician or nurse practitioner and dispensed by a pharmacist.
 2. any drug or medicine in excess of a 100-day supply.
 3. charges for fitting of eyeglasses.
 4. preparation of records, reports, certificates or communications, or testimony in a court.
 5. drugs, medications, vaccines, sera or biological products, materials and surgical supplies, except as provided for under this plan.
 6. ambulance and transportation subsidies except as listed in this plan.
 7. private nursing.
 8. additional charges for a private or semi-private room.
 9. television and radio-telephone services.
 10. services performed by psychologists and dietitians outside a hospital or institution.
 11. services performed by chiropodists and podiatrists.
 12. services performed by audiologists, speech therapists, occupational therapists and physiotherapists in private practice.
 13. chiropractic services other than adjustments.
 14. acupuncture.
 15. telephone advice.
 16. services provided by any other practitioner except as listed in this plan.
 17. routine complete eye examinations for persons 19 years of age or older but under the age of 65 except when deemed medically necessary.
 18. services such as examinations, laboratory tests, x-rays and other procedures related to uninsured services.
 19. 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.
- b) Blue Cross is not responsible for the availability or provision of any of the services or supplies described herein.