



ENHANCED COVERAGES AND LIMITS

There is exciting news about changes to our benefits plans. These enhancements were guided by the results of last year's benefits surveys, in which we received feedback from over 1,700 plan members, as well as consultations with Union representatives.

Retroactive to April 1, 2017 the following changes have been implemented:

- 1) Increase the annual Health Care Spending Account limits to \$825 for the full-time plan and \$580 for the part-time plan.
- 2) Changes to the Dental Plan:
 - a. Orthodontic Coverage will now apply to the whole family instead of only dependent children.
 - b. Orthodontic limits will increase to \$3,000 lifetime for the full-time plan and \$1,575 lifetime for the part-time plan.
 - c. Orthodontic claims will be separated from the yearly maximum for dental expenses.
 - d. Dental Implants will be covered at a level equivalent to the least costly alternative treatment.
 - e. The Dental Fee guide from the province where the dental work was completed will be used instead of the Manitoba fee guide. If the dental work is performed outside of Canada, the fee guide from the province of residence will be used.
- 3) The Prescription Drug annual limit will increase to the lesser of \$5,000 or the Manitoba Pharmacare deductible for the full-time plan and \$3,500 or the Manitoba Pharmacare deductible for part-time plan.
- 4) Christian Science Practitioners will be removed from the approved list of paramedical practitioners.

PLEASE NOTE: Automatic re-adjudication of claims isn't possible at this time, so you will be responsible for re-submitting claims that are now eligible for reimbursement under the enhanced coverages and limits. Claims should be limited to amounts not claimed on your 2017 income tax return and/or reimbursed under another plan. If a claim was reimbursed under another plan the explanation of benefits from the initial re-imburement should be included and the new claim should only be for the portion of the claim that was not previously reimbursed.

In order to have the smoothest possible experience with the claims re-adjudication process we would like to advise of the following tips and tricks:

- You can submit any new claims (for example: adult orthodontics, dental implants), or previously cut back or declined claims using paper claim forms. (Dental or Supplementary Health & Healthcare Spending Account) These claim forms should be accompanied by the previous explanation of benefits provided by the insurer or a copy of the original claim. It will also assist our insurers if you also include a note indicating that the claim was previously adjudicated and is being resubmitted due to the April 1, 2017 plan changes.
- In addition to paper claims, you can also phone the respective insurance company's call centers and request they reassess your claim(s) over the phone. The call centers will verify that you are the plan member and require information to identify the claim(s) for re-adjudication. Their contact information is as follows:
 - **Great West Life**
 - 1 800 957 9777
 - 1 800 990 6654 (Deaf or hard of hearing line)
 - Call center hours of operation are weekdays from 7am to 7pm
 - **Manitoba Blue Cross**
 - (204) 775 0151 – in Winnipeg
 - 1 800 873 2583 – in Manitoba
 - Call center hours of operation are weekdays from 8am to 5:30pm
- Dental claims cannot be submitted electronically on the mybluecross mobile app, however you can go into mybluecross, select "Contact Us" and submit the claim via email.

If you have any questions about these changes or need assistance of any kind please don't hesitate to contact your Staff Benefits Generalist:

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