



HEALTHSOURCE PLUS

Benefit Summary

THE MANITOBA CHILD CARE ASSOCIATION

Class 098: Retiree with Life Insurance

healthsourceplus.com

HealthSource  Plus[®]

Group Benefits • Administration • Wellness • Retirement

HealthSource Plus is a People Corporation company

Benefit Summary

Eligibility Definition	Must of maintained benefits through the MCCA Group Insurance plan for a minimum of 2 years and maintained a MCCA Membership. Application must be received within 30 days of retiring. Applicants cannot be gainfully employed for more than 19 hours per week while enrolled on the Retiree plan.	
Benefit Period	Per Calendar Year (January 1 to December 31)	
Basic Life Insurance	Carrier: SSQ Financial	Policy # 38U80
Benefit Schedule		\$10,000
Termination Age		85
Extended Health Care	Carrier: ClaimSecure	Policy # 9707
Prescription Drug Coverage		
Co-Insurance		80%
Deductible		NIL
Plan Type	Mandatory Generic	
Smoking Cessation Products	Excluded	
Fertility Drugs	Excluded	
Erectile Dysfunction Drugs	Excluded	
Anti-Obesity Drugs	Excluded	
Lancets	Included	
Preventative Vaccine	Included	
Sclerosing Injections	Included	
Insulin Pump Supplies	Included	
Maximum	\$5,000 per calendar year	
Paramedical Practitioners		
Co-Insurance		80%
Deductible		NIL
Chiropodist/Podiatrist	\$300 per calendar year Note: X-Rays \$50 per calendar year	
Chiropractor	\$300 per calendar year Note: X-Rays \$50 per calendar year	
Naturopath	\$300 per calendar year	
Osteopath	\$300 per calendar year Note: X-Rays \$50 per calendar year	
Physiotherapist	\$300 per calendar year	
Psychologist, Psychotherapist, Social Worker, Social Service Worker, Clinical Social Worker, Psychoanalyst	\$300 per calendar year	
Athletic Therapists	\$300 per calendar year Note: X-Rays \$50 per calendar year	
Registered Massage Therapist	\$300 per calendar year *Physicians Referral is required	
Speech Therapist	\$300 per calendar year	
Dietician/Nutrition Counsellor	\$300 per calendar year	

Medical Services and Supplies	
Co-Insurance	100% In-Canada Hospital and Eye Exams 100% Orthotics 80% All other Major Medical
Deductible	NIL
Ambulance Services	Included
Hospital Care	Semi-Private
Hearing Aids	\$400 every 60 consecutive months Exclusions: Hearing tests, batteries and ear moulds are not covered
Custom Moulded Orthotics	\$400 per calendar year Note: Physician's, Physiotherapist, or Chiropodist/Podiatrist's referral required
Custom Made Orthopaedic Shoes	\$300 every 36 consecutive months Note: Physician's or Chiropodist/Podiatrist's referral required
Off the shelf Orthopaedic Shoes	\$150 per calendar year Note: Physician's or Chiropodist/Podiatrist's referral required
Accidental Dental	Note: Services must be rendered within twelve (12) consecutive months of the date of the accident
Convalescent Care	\$20 per day up to 120 days per covered person per disability Note: Immediately follows three (3) or more days of hospital confinement of acute care
Diagnostic Services	Included
Medical Equipment/Supplies	Included, Pre-Approval may be required
Breathing Equipment	Included, Pre-Approval may be required
• CPAP	1 per lifetime Note: Supplies excluded
• IPPB	1 per lifetime
Orthopaedic Equipment	Included, Pre-Approval may be required
Prosthetic Equipment	Included, Pre-Approval may be required
• External Breast Prosthesis	1 per calendar year Note: Required because of a total or radical mastectomy
• Artificial Limbs	Included Note: Myoelectric limbs excluded
Mobility Aids	Included, Pre-Approval may be required
• Wheelchair	\$3,000 every 60 consecutive months
Other Medical Equipment	Included, Pre-Approval may be required
• Blood Glucose Monitoring Machine	One every 48 consecutive months
• Surgical Brassieres	2 per calendar year Note: Following a mastectomy
• Support Hose/Compression Stockings	4 pairs per calendar year
• TENS Machine	\$700 per lifetime
• Wigs	\$200 per lifetime Note: For cancer patients undergoing chemotherapy
Private Duty Nursing	\$5,000 per calendar year
Eye Exams	1 Eye Exam every 24 consecutive months
Termination Age	99

Dental Care	Carrier: ClaimSecure	Policy # 9707
Deductible	\$25 Single \$50 Family	
Recall Frequency (Exam, Polishing)	Every 9 months	
Units of Scaling	10	
Fluoride	Every 9 months	
Fee Guide	Current	
Co-Insurance - Basic Services	70%	
Co-Insurance - Major Services	Excluded	
Co-Insurance - Orthodontic Services	Excluded	
Maximum - Basic Services	\$1,000 per calendar year	
Termination Age	99	
People Connect	Carrier: People Corporation	
Termination Age	99	



Frequently Asked Questions

Who is ClaimSecure?

ClaimSecure is the adjudicator of your Extended Health Care (EHC) and Dental benefits. ClaimSecure works closely with HealthSource Plus to maintain a live record of your benefit coverage selections and dependent details, track your pre-authorizations, and retain your claims history. You can submit your EHC and Dental claims to ClaimSecure through their eProfile website or through the ClaimSecure mobile app.

What is an over-age dependent?

An over-age dependent is a dependent child age 21 or older. Over-age dependents are eligible to remain on your group benefits plan until age 25 provided the following conditions are met:

- a) They are enrolled in full time post secondary education, and
- b) They are not working full time.

Coverage for over-age dependents terminates on August 31st of each year. This means, you must re-apply if your child re-enrolls in the following school year.

Please note: proof of enrolment is required. Suitable proof includes a letter from the University or College advising the child is a full-time student or a copy of the paid tuition. Class schedules are not considered proof of enrolment. A new form and proof must be submitted each school year.

Will my spouse and/or child receive their own benefits card?

If you have a spouse they will receive their own benefits card. Both your card and your spouse's card will have your name on them. You will not receive a benefits card for your child unless they are an over-age dependent. The over-age dependent card will have your child's name on it.

Where can I find my policy and certificate numbers?

Your policy numbers can be found in the Schedule of Benefits at the beginning of this booklet, on your benefits card, and on your Statement of Coverage. Your certificate number can be found on your benefits card and on your Statement of Coverage.

What are my responsibilities?

You are responsible for:

- a) Reviewing your Statement of Coverage and immediately advising your employer of any errors or omissions.
- b) Keeping your information current. Be sure to let your employer know about any life changes or changes to your covered dependents (e.g. if you get married, you have a child, your spouse loses or gains a benefits plan) within 31 days of the event that affected the change. Otherwise, satisfactory evidence of insurability will be required for yourself and your dependents, at your expense. Your benefits will only become effective on the date the evidence is approved by the insurer, provided you are actively at work with full pay and according to your regular work schedule on that date.
- c) Keeping copies of your receipts when submitting claims. Submit the originals, but always keep copies of all receipts for your own records.

Do I need to submit a predetermination for dental work?

When a planned course of dental treatment is expected to exceed \$500 or more, it is highly recommended that ClaimSecure receive a predetermination of benefits from the attending dental provider. This predetermination will include a description of the proposed treatment, an estimate of the charges for services and dental radiographs where applicable. ClaimSecure will determine and confirm the amount of approved benefits.

Predeterminations can take up to 10 business days to process. You can check the status of your predetermination on your ClaimSecure eProfile account.

How do I apply for a Prior Authorization drug?

Please contact your Group Benefits Team for any questions regarding prior authorizations for exception drugs.

I'm submitting a claim for orthotics. What do I need to know?

Orthotics, Custom Made Orthopaedic Shoes, and Orthopaedic Modifications may be obtained on the written recommendation of the prescribers listed below, accompanied by a diagnosis of the conditions and symptoms and a gait analysis/biomechanical exam.

A description of how the Orthotics or Custom Made Orthopaedic Shoes were constructed, or of the modifications made to an Orthopaedic Shoe, and the raw materials used, plus a breakdown of the costs must accompany the claim. The name and license number of the dispenser must also be provided.

Approved Prescribers:		Approved Dispensers:	
Physician Podiatrist Chiropodist Physiotherapist	M.D. D.P.M D.Ch. or D Pod M	Podiatrist Pedorthist Orthotist	D.P.M. C.Ped. (C) or C Ped MC C.O. (c) or CPO (c)
Note: The dispenser must be a different provider than the prescriber.			

What is co-ordination of benefits and how does it work?

Many people have coverage under more than one benefit plan – for example, their own plan and their spouse's plan or a plan offered through a professional association or a retiree plan. If this is your situation, you can use both plans when claiming your expenses. This is referred to as coordinating your benefits and it's a great way to cover more of your health, dental and drug costs.

The insurance industry has rules for how coordination of benefits works. This ensures that claims are charged to the correct benefit plan. You can never receive more than the actual cost of a product or service. This means you cannot be reimbursed for more than 100% of the expense under both plans. Under the second plan, you can only claim the amount that the first plan did not cover. Please see the chart below for instructions on how to claim.

Who is the claim for:	And	First submit the claim to:	Then submit the claim to*:
You	You are covered as a dependent with your spouse's plan	Your plan	Your spouse's plan
Your spouse	Your spouse is an eligible dependent under your plan	Your spouse's plan with their insurance company	Your plan
A dependent child	The children are listed as eligible dependents under both plans	The plan of the parent whose birth month and date is earliest in the calendar year	The plan of the parent whose birth month and date is later in the calendar year
You	You have coverage as a plan member under another group benefits plan in addition to your HealthSource Plus plan	To the plan with the earlier effective date	To the plan with the later effective date

* When submitting your claim form, please ensure that you include the original Explanation of Benefits (EOB) received from the first payer as well as copies of the claim and receipts.



Online Resources

eMobile

Access your plan information even when you're on the go, thanks to ClaimSecure's eProfile eMobile app for Smartphones. Claims history, payment details, benefit and patient totals can be accessed easily and securely.

Interactive eCard

Now you can conveniently access your health card through your Smartphone, thanks to interactive eCard – ClaimSecure's digitized health identification card.

MyCoverage

A simple-to-use tool that allows you to quickly search for specific information about your health and dental coverage.

Direct Deposit

No waiting for cheques to arrive in the mail or time wasted standing in line at the bank. With ClaimSecure's direct deposit service, payments are made automatically to your bank account.

eClaims

ClaimSecure's eClaims service enables you to get your claim payments faster – often as quickly as the following day. Claims are submitted electronically and adjudicated in real-time.

PhotoClaims

Use the PhotoClaims app to take a picture of your receipts and immediately submit for reimbursement, it's that easy!

Contact ClaimSecure

By Phone	By Mail
1 (855) 885-8188 7am to 11pm, Eastern time Monday to Friday Your certificate number will be required	ClaimSecure Inc. P.O. Box 6500 Station A Sudbury, Ontario P3A 5N5

My Wellness

GET WELL. STAY WELL. LIVE WELL.

Welcome to My Wellness, a suite of wellness offerings included in your workplace employee benefits package.

As a plan member, you have access to complimentary Wellness tools to help you and your family get well, stay well, and live well!

1. MY WELLNESS CONNECTION EMAIL

Receive a monthly email chalk full of wellness tips, articles, recipes, and more, delivered straight to your inbox.

2. TARGETED INITIATIVE

Our monthly targeted initiative will keep you up to date on important health and wellness information, upcoming webinars and wellness initiatives.

3. RISK REDUCTION CAMPAIGN

Keep an eye out for our monthly reduction poster, complete with up-to-date health and wellness information to encourage healthy living!

4. ONLINE HEALTH RISK ASSESSMENT

Easy to use and completely confidential. Find out if you're at risk in under 10 minutes! Simply visit www.mywellsite.com/12weekstowellness select **PeopleCorporation** as the company and complete the registration process to create your own unique log in and password



Plan members can enjoy free access to online courses for you and your family.

GET STARTED TODAY:

1. Visit the Self Help Works website at <https://portals.selfhelpworks.com/peoplecorporation>
2. Click on Start Now and enter your personal information to register
3. Click on the course you would like to participate in
4. Click Buy Course, enter your Coupon Code (**mcca-shw**), select Apply Code (this will change the price to \$0)
5. Activate the Checkout button and you will enter the course

Questions? Email us at wellness@peoplecorporation.com to learn more about My Wellness Today.

Courses Include:

LivingLean
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LivingEasy
Stress & Resiliency Program

LivingFree
Smoking Cessation Program

LivingSmart
Alcohol Program

LivingFit
12-Week Walking Program

LivingWell
Diabetes Management Program

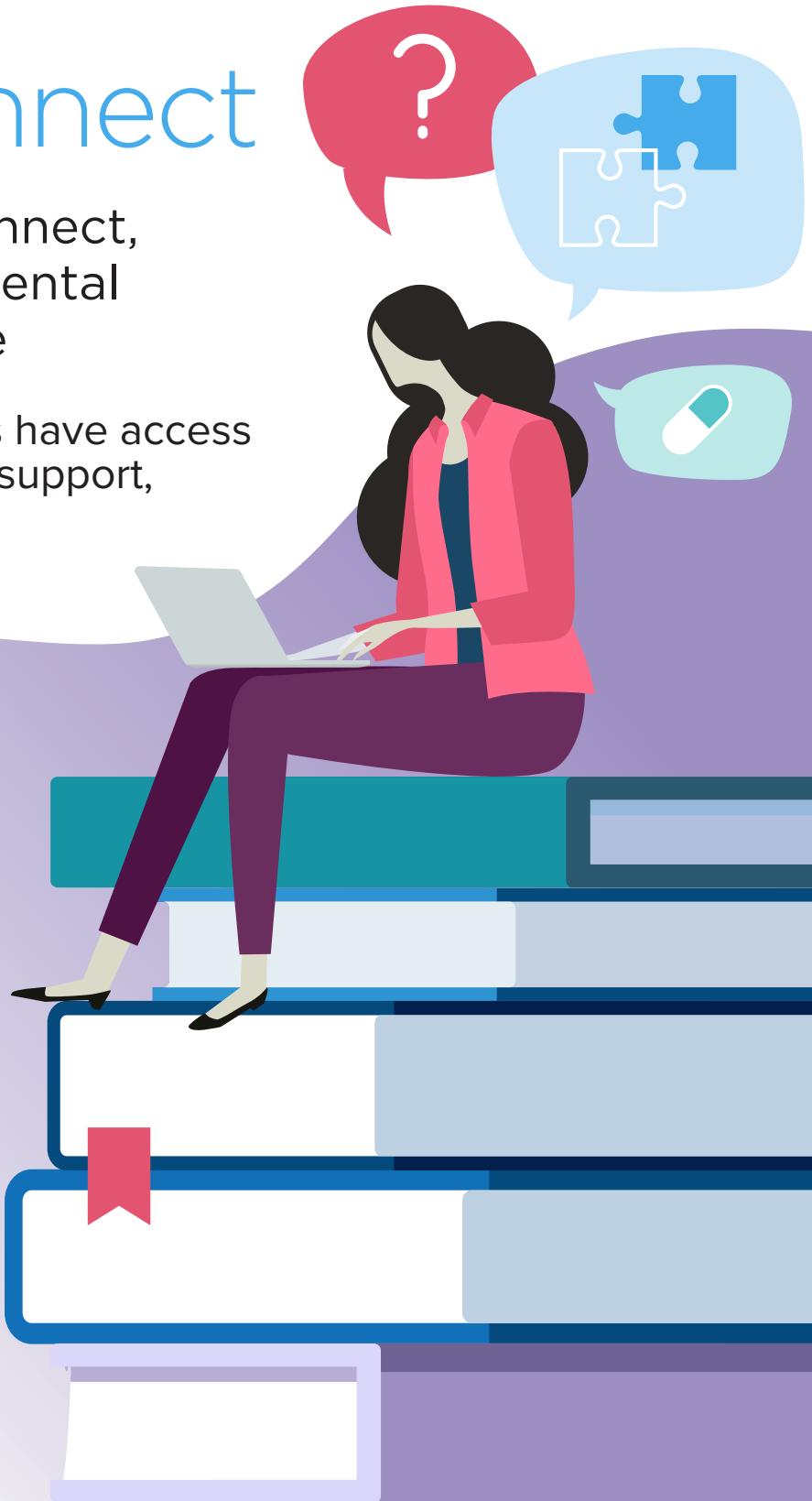
LivingWellRested
Sleep Program

Health Solutions

People Connect

Welcome to People Connect,
People Corporation's Mental
Health Resource Centre

You and your family members have access
to mental health information, support,
and affordable therapy.



People Connect consists of:

- A mental health knowledge forum with a full library, including articles, videos and podcasts
- Our proprietary assessment tool which is based on the Diagnostic and Statistical Manual (DSM), the most recognized mental health tool in the world
- Video therapy; affordable access to mental health treatment, booked in real time with a virtual therapist of your choice
- Virtual therapists have access to psychiatric collaboration for cases requiring additional support. This collaboration can be requested by your therapist. Psychiatrists can ensure pharmacological and behavioral treatment aligns with diagnosis.

The first session is complimentary and sessions can be done privately in your own home.

Immediate access

Log in for immediate access to all of the mental health tools and services at pcpeopleconnect.com



Log in with your company name



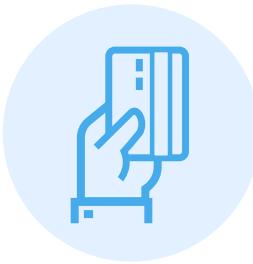
Read articles or watch videos.



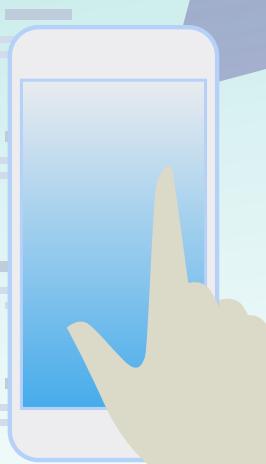
Complete the mental health assessment.



Connect with a therapist of your choice.
Share your assessment with the therapist and receive consultation.



Use your paramedical benefits coverage to continue sessions with the therapist.
Pay the therapist online with a credit card and remit your virtual receipt easily to your insurer for all additional sessions.



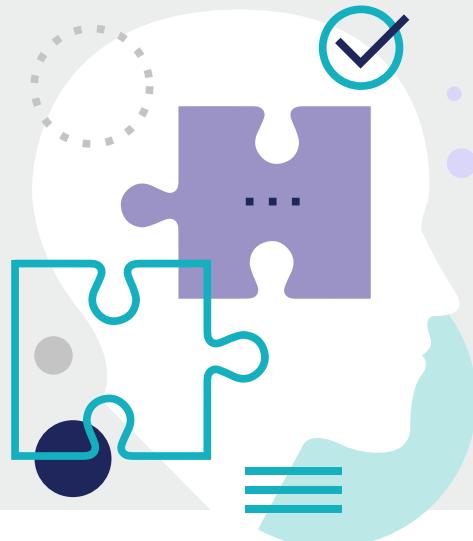
Individuals often struggle to find or choose a qualified provider. It can be difficult to differentiate between different certifications and types of therapists. Our unique algorithm helps match you to a therapist who offers services that are covered by your insurance plan.

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02 Full Service Pharmacy

Designed around your life, we manage your refills with your doctor, so you never run out of medications.

03 Easy Medication Management

Can't remember to take your medication on time? Try our PocketPacks, where your medications are sorted by date and time.

04 Save Time And Money

Save on copay on chronic medications. Always a low markup and \$7 dispensing fee.

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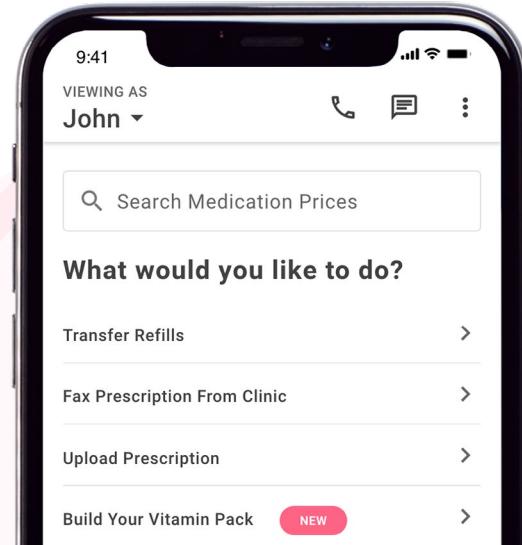
-Nick Taylor

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Hours of Operation

Mon-Fri: 9am - 9pm EST
Sat: 10am - 7pm EST
Sun: 1pm - 7pm EST



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HealthSource Plus is a People Corporation company

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