

cwbr trust
CANADIAN WHEAT BOARD RETIREES

Questions and answers

Annual member luncheon

Tuesday, September 29, 2026

When a retiree dies, what CWBR benefits continue for the spouse?

If you married your spouse before you retired from the Wheat Board, your spouse will continue to be eligible for coverage after your passing. The length of time that your spouse's coverage continues depends on when you started your retirement and the plan you are a member of:

- If you retired **before August 1, 2006**:
  Your spouse is eligible for coverage until their death or the date of remarriage

- If you retired **on or after August 1, 2006** and you are a member of the **grandfathered plan**:
  Your spouse is eligible for coverage until their death or the date of remarriage

- If you retired **on or after August 1, 2006** and you are a member of the **non-grandfathered plan**:
  Your spouse is eligible for coverage for the 24-month period after your death or the date of remarriage if during the 24-month period after your death

To find out which plan you are a member of, please contact **AGA Benefit Solutions** by phone **1-800-218-7018** or email cwbrtrust@aga.ca.

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When all retirees die, and money remains in the Trust, what happens to that money?

At inception in 2015, the government provided the Trust with $55.3 million so that you and your eligible family members could continue to enjoy the same level of health, dental and life insurance coverage provided to you when you were employed by the Wheat Board.

When this money was provided, it was agreed that any amount remaining after the last covered person passed away would be given back to the government.

Together with a team of legal, financial, and benefits experts, the Trustees are dedicated to ensuring the plan is well managed so that everyone who is eligible for coverage can receive a lifetime of comprehensive health and wellbeing coverage, while maintaining the plan's financial health and sustainability.

Today, even after introducing more than 20 enhancements and a Healthcare Spending Account (HSA), the Trust has more funding available per covered person than ever before. As a result, the Trustees are looking at more ways to enhance coverage and make the most of the plan's funding.

If you have feedback or suggestions for coverage enhancements, the Trustees would be delighted to hear from you! Please send an email to the Trust Secretary at **info@cwbrtrust.ca**.

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I will need to purchase eye glasses this year. Who do I submit my eye glasses claim to first: the Manitoba government or to the plan?

If you're over age 65, you're eligible for the Manitoba government's Seniors' Eyeglass Program, which provides a small subsidy for eyeglasses (see details below).

Previously, you had to submit your claim to the Seniors' Eyeglass Program first, then submit any remaining amount to the plan. We've now simplified the process:

- You can submit your eyeglass claim directly to Manitoba Blue Cross first, without waiting for the Seniors' Eyeglass Program to review it!
- Manitoba Blue Cross will process your claim under the plan. If any amount remains unpaid – for example, because you've reached the vision plan maximum – you can then submit that amount to the Seniors' Eyeglass Program.

What you should know about the Seniors' Eyeglass Program

The amount you get reimbursed for is based on a fixed fee schedule, not on the actual amount paid for dispensing fees, frames, and lenses. One pair of eyeglasses may be claimed every three years — however, it could be more often if a doctor diagnoses a change in vision.

There are other specifications to keep in mind, so before you buy your eyeglasses, consider checking out the provincial website to learn more about the program and how much the province will pay. For more information about the Seniors' Eyeglass Program, go to **gov.mb.ca/betterhealth/health_services/vision.html**.

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Why isn't Victoria Lifeline currently covered by the plan?

Victoria Lifeline is a Manitoba-based medical alert service that provides emergency response systems for seniors and other individuals who may be at risk of falls or medical emergencies. Users wear a device, such as a pendant or wrist button, that connects them to a 24/7 monitoring centre when assistance is needed.

Because it is not considered an eligible medical expense by Canada Revenue Agency, the device cannot be covered by the plan or the Healthcare Spending Account (HSA).

However, the monthly subscription fee for the device is covered by the plan and is eligible for reimbursement as a miscellaneous medical equipment expense. The plan currently covers up to $750 of eligible expenses, per your lifetime.