

DAILY TRAVEL PLANS

Travel Insurance
POLICY



Table of Contents

Coverage Available	1
Extended Coverage	1
When You Have a Medical Emergency	1
Emergency Medical Care Benefits	2
Accidental Death & Dismemberment	6
Definitions	8
Exclusions and Limitations	12
General Terms	16
Travel Plan Extensions	19
Cancellations and Refunds	20
Claims	20

IMPORTANT NOTICE - PLEASE READ YOUR POLICY CAREFULLY BEFORE YOU TRAVEL

Travel insurance is designed to cover losses arising from sudden and unforeseeable circumstances. It is important that you read and understand your Policy before you travel as your coverage may be subject to certain limitations or exclusions.

A pre-existing condition exclusion may apply to medical conditions and/or symptoms that existed prior to your trip. In the event of an Accident, injury or Illness, your prior medical history may be reviewed and your pre-existing symptoms or conditions may result in your Policy being voided or your claims being declined. Check to see how this information applies to your Policy and how it relates to your date of purchase, departure date or Effective Date.

Anyone travelling outside Saskatchewan to seek medical or dental advice or treatment, even if the trip is on the recommendation of Physician or Dentist, is not eligible for coverage under this Policy.

Your Policy requires that you notify the Saskatchewan Blue Cross Travel Assistance Provider prior to treatment. Your benefits may be limited if you do not do so within twenty-four (24) hours of receiving medical treatment or admission to Hospital.

If you have any questions regarding your Policy, contact Saskatchewan Blue Cross at 306.244.1192 or 1.800.667.6853 (toll-free within Canada).

Coverage Available

1. Emergency Medical Care Benefits PLUS Accidental Death and Dismemberment, or
2. Emergency Medical Care Benefits

Extended Coverage

You may be eligible to purchase extended coverage when your trip extends beyond your original period of coverage. For more information, contact Saskatchewan Blue Cross at 306.244.1192 or 1.800.667.6853 (toll-free within Canada).

When You Have a Medical Emergency

Contact the Saskatchewan Blue Cross Travel Assistance Provider within 24 hours of your medical Emergency:

Within North America **1.866.330.3633** toll-free
(if unavailable call the number below)

All other locations **306.667.5299** collect

Be prepared to provide your Policy number and a brief description of the medical emergency.



Emergency Medical Care Benefits

Up to \$5,000,000 per Covered Person for reimbursement of Eligible Expenses incurred due to a medical Emergency while travelling outside Saskatchewan. Benefits include the following:

Travel Assistance

Twenty-four (24) hour world-wide telephone availability in any language in the event of a medical Emergency to:

- confirm coverage and Eligible Expenses to a Physician and/or Hospital
- arrange for medical evaluation by a qualified Physician and referral to a medical facility equipped to provide treatment
- arrange transfer to another medical facility or evacuation to Saskatchewan, if required
- assist in contacting the family or business partner

Hospital Services

Accommodation

Hospital room accommodation (not a private room or suite).

Outpatient

Outpatient services provided by a Hospital.

Health Care Professionals

Physicians

Services provided by a Physician.

Paramedical Services

Up to \$300 for services provided by a physiotherapist, chiropractor, chiropodist, podiatrist or osteopath (including x-rays).

Private Registered Nurse

Services provided by a qualified, private registered Nurse (not a relative) who performs registered Nurse designated nursing duties during and immediately

following Hospitalization, when ordered by the attending Physician.

Prescriptions, Treatments and Diagnostic Services

Prescriptions

Drugs, serums and injectables prescribed by a Physician and supplied by a licensed pharmacist, excluding vitamins, and patent or proprietary products.

Treatments

Whole blood, blood plasma or specialized treatments using radium and radioisotopes.

Diagnostic Services

Laboratory tests and x-rays prescribed by the attending Physician.

Medical Appliances

Splints, casts, crutches, canes, slings, trusses, walkers or the temporary rental of a wheelchair, when prescribed by the attending Physician.

Emergency Dental Care

Accidental Dental

Up to \$2,000 for treatment to natural teeth due to a direct accidental blow to the mouth. A Physician or Dentist must be seen immediately following the Accident. Treatment must begin prior to the expiry date of this Policy and be completed within one hundred eighty-two (182) days of the date of the Accident. An Accident report is required from the Physician or Dentist.

Relief of Dental Pain

Up to \$200 for treatment for the Emergency relief of dental pain, excluding root canals. Treatment must be rendered at a location at least two hundred (200) kilometres from the Saskatchewan border.

Transportation

Ambulance Services

Ambulance services from the place of Illness or Accident to the nearest qualified medical facility capable of providing appropriate treatment.

Medical Evacuation by Air Ambulance

Air evacuation between Hospitals, for Hospital admission in Saskatchewan, at the discretion of Saskatchewan Blue Cross (in consultation with the attending Physician).

Repatriation by Commercial Flight

Up to the most economical airfare to return the Covered Person (including stretcher if required) by the most direct route to Saskatchewan when prior approval has been received from Saskatchewan Blue Cross (in consultation with the attending Physician). This benefit also applies to a Covered Person who is travelling with the patient at the time of Illness or Accident. If any Covered Person is holding a valid open-return air ticket, this benefit does not apply.

Medical Attendant

Services provided by a medical attendant registered in the jurisdiction in which treatment is provided, including the most economical round trip airfare and, if required, overnight hotel and meal expenses, when the Covered Person must be accompanied by a qualified medical attendant (not a relative), and prior approval has been received from Saskatchewan Blue Cross (in consultation with the attending Physician and the commercial airline).

Friend/Family Hospital Visits

Up to the most economical round trip airfare, by the most direct route to and from Canada, for one (1) family member or friend to:

- visit a Covered Person confined in Hospital. This benefit requires the Covered Person to have been an In-patient for a medical Emergency for at least seven (7) days outside Saskatchewan

- identify the deceased prior to the release of the body, where necessary

Return of Deceased

Up to \$5,000 for the preparation and homeward transportation to Saskatchewan of a deceased Covered Person (excluding the cost of a coffin or urn) or up to \$2,500 for cremation or burial of a deceased Covered Person at the place of death.

Vehicle Services

Up to \$1,000 for the return of the Covered Person's Vehicle (including rental Vehicle) to Saskatchewan or the nearest appropriate Vehicle rental agency when the Covered Person is unable to do so due to a medical Emergency, and a Travelling Companion is also unable to do so.

If the Covered Person's Vehicle (excluding rental Vehicle) is stolen or rendered inoperable due to an accident, costs will be covered up to the most economical airfare to return the Covered Person by the most direct route to Saskatchewan. An official police report of the theft or accident is required.

Meals and Accommodation

Up to \$150 per day to a maximum of \$1,500 per Policy for commercial accommodation and meals incurred by a Covered Person when the return to Saskatchewan is delayed beyond the planned termination date of his/her trip due to Illness or Accident to a Travelling Companion or a Covered Person.

Automatic Extension of Coverage

Coverage under this Policy will automatically be extended without further charge to the Covered Person and any accompanying family members covered under this Policy for the period of Hospitalization and up to seventy-two (72) hours following:

- the discharge from Hospital when the return to Saskatchewan is delayed due to Hospitalization and coverage expires after admission to a Hospital

- the expiry date of this Policy when the return to Saskatchewan is delayed, by order of the attending Physician, due to a covered Illness or Accident
- the expiry date of this Policy when the return to Saskatchewan is delayed due to the delay of a common carrier (airplane, bus, taxi, train) on which a Covered Person is a passenger; or due to a traffic accident or mechanical failure of a private automobile en route to the departure point

Accidental Death & Dismemberment

(Optional Benefit)

Benefits contained in this section are underwritten by Blue Cross Life Insurance Company of Canada®.

24-Hour Travel Accident Coverage

Coverage is provided twenty-four (24) hours a day from 12:01 a.m. on the Effective Date to 12:00 midnight on the day of return, for travel inside or outside Saskatchewan.

Payment for the Loss of life or Loss of Use of limb or sight to the Covered Person who suffers the Loss shall be paid at:

- one hundred percent (100%) of the principal amount for the applicant age eighteen (18) to sixty-nine (69) and covered Spouse up to age sixty-nine (69)
- twenty percent (20%) of the principal amount for the applicant age seventy (70) and over and covered Spouse age seventy (70) and over
- twenty percent (20%) of the principal amount for Dependent Children
- in case of the Loss of life of a Covered Person, the benefit shall be paid directly to the Policyholder if living and to the designated beneficiary if deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the Policyholder's estate. In the case

of accidental Loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the Covered Person who has been the victim of the Accident or his/her representative, or to his/her legal guardian if a minor

SCHEDULE OF BENEFITS	PRINCIPAL AMOUNT
Loss of own life	\$50,000
Loss of or Loss of Use of both hands or both feet or sight in both eyes	\$50,000
Loss of or Loss of Use of one hand and one foot	\$50,000
Loss of or Loss of Use of one hand and sight in one eye	\$50,000
Loss of or Loss of Use of one foot and sight in one eye	\$50,000
Loss of or Loss of Use of one hand or one foot or sight in one eye	\$25,000

Conditions

If a Covered Person shall suffer more than one such Loss as a result of any one Accident, payment will be made only for that Loss for which the largest benefit is specified, up to three hundred sixty-five (365) days after the Accident.

Upon the occurrence of any one (1) of the above losses all coverage for that person shall immediately cease, except as respecting such Loss or subsequent losses directly resulting from the same Accident.

In no event shall the maximum amount payable under this Policy for all losses of the Covered Person exceed the principal amount.

Children under one (1) year of age are excluded from Accidental Death and Dismemberment coverage.

Air Flight Accident/Common Carrier Coverage

If accidental death or dismemberment occurs while boarding, riding or alighting from a certified passenger Aircraft or any public conveyance licensed

to transport fare-paying passengers, the principal amounts payable are double the principal amounts payable for 24-Hour Travel Accident Coverage.

Payment of Principal Sum

In case of the Loss of life of a Covered Person, the benefit shall be paid directly to the Policyholder if living and to the designated beneficiary if deceased. If no beneficiary is designated or if the designated beneficiary is deceased, payment will be made to the Policyholder's estate. In the case of accidental Loss of one or more limbs or sight of one eye or both eyes, the benefit shall be paid to the Covered Person who has been the victim of the Accident or his/her representative, or to his/her legal guardian if a minor.

If the Covered Person shall suffer more than one (1) Loss as a result of any one (1) Accident, payment will be made only for that Loss for which the largest benefit is specified.

Definitions

Accident

Means an unintentional, sudden and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries.

Aircraft

Means a fixed wing multi-engined aircraft with an authorized gross take-off weight of no less than 4,536 kilograms operated between airports recognized by an air carrier that is licensed for regular or chartered service; such aircraft must be registered and operated by an air carrier authorized to offer a regular or chartered service and holding a valid air carrier licence, provided such aircraft is being used at the time to provide the transportation authorized by such permit or by a valid licence of air transportation covering a regular service with established stopping places or chartered flights, delivered to the air carrier by the public authority

competent to do so. Special or chartered flights authorized under any of these licences shall be covered only when made by means of an aircraft of the type in regular use by the airline on its scheduled or charter air carrier service.

Application for Insurance

Means the "Daily Travel Plans Application" completed by the Covered Person when applying for this Policy, including any forms (hard copy or online) attached to or submitted in support of the document, and which consequently form part of that document.

Covered Person

Means the Policyholder, his/her Spouse and/or Dependent Children as indicated on the Application for Insurance.

Dentist

Means a duly qualified and licensed doctor of dentistry entitled under the laws of the place where the services are rendered to practice dentistry.

Dependent Children

Means any unmarried children, less than eighteen (18) years of age, who are financially dependent on the Policyholder and/or Spouse.

Effective Date

Means the day on which this Policy takes effect.

Eligible Expenses

Means services and charges for out-of-province Emergency medical treatment that is usual, customary and reasonable as determined by Saskatchewan Blue Cross.

Emergency

Means medical treatment of an immediate nature required as a result of an unforeseen Illness or Accident.

Hospital

Means an institution licensed as a hospital and operated for the care and treatment of resident In-patients with a registered graduate Nurse (RN) always on duty and with a laboratory and operating room (either on the premises or in facilities controlled by the hospital) where surgical operations are performed by a legally qualified surgeon. In no event shall the term "Hospital" mean any hospital or institution or part of such hospital or institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home or home for the aged, health spa or drug or alcohol treatment centre.

Hospitalization

Means admitted to a Hospital as an In-patient.

Illness

Means any sickness or disease first manifesting itself while this Policy is in force.

In-patient

Means a patient confined to a Hospital for more than twenty-four (24) hours on the recommendation of the attending Physician.

Loss

When used with reference to hand or foot, means complete and permanent severance at or above the wrist or ankle joint. When used with reference to eye, means the irrecoverable total loss of sight in the eye.

Loss of Use

Means the total and irrecoverable loss of use for twelve (12) continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

Nurse

Means a registered nurse duly registered in the place of jurisdiction where the service is provided.

Physician

Means a person qualified and licensed as a doctor of medicine who is entitled to practice medicine and/or surgery without restriction under the laws of the place where the services are provided.

Policy

Means both the Application for Insurance, as defined above, and this brochure, including any subsequent amendments made by Saskatchewan Blue Cross.

Policyholder

Means a person who has applied and paid the appropriate premiums to Saskatchewan Blue Cross for the purpose of retaining the coverage of a specific plan offered by Saskatchewan Blue Cross and whose Application for Insurance has been accepted by Saskatchewan Blue Cross.

Resident

Means a person who resides in Saskatchewan and has a valid Saskatchewan Health Services card.

Spouse

Means a person who is legally married to the Policyholder or who has continuously resided with the Policyholder in a common-law relationship for at least twelve (12) months and is publicly represented as such. Discontinuation of cohabitation with the Policyholder shall terminate coverage for a common-law spouse.

Travelling Companion

Means a person who has prepaid accommodations or transportation with the Covered Person for the same covered trip (maximum four (4) persons including the Covered Person).

Vehicle

Means a passenger automobile, motorcycle, motor home or truck with a gross vehicle weight of less than 3,630 kilograms providing such vehicle is not licensed to carry passengers for hire.

Exclusions and Limitations

Saskatchewan Blue Cross will not pay any benefit or accept any liability (even if premiums have been received and/or accepted by Saskatchewan Blue Cross) for:

1. Any Covered Person if it is subsequently determined that he/she:
 - was not a Resident of Saskatchewan
 - was travelling outside Saskatchewan primarily, with intent, or incidentally to seek medical or dental advice or treatment, even if the trip is on the recommendation of a Physician or Dentist
 - was holding a work visa from the country to which he/she is travelling
 - was attending an educational institution outside the boundaries of Canada
 - received a terminal prognosis prior to the Effective Date
 - was, in the twenty-four (24) months prior to the Effective Date, advised by a Physician not to travel
 - was travelling while pregnant and any portion of this Policy falls after the thirty-second (32nd) week of gestation
2. Any Covered Person who is age sixty (60) and over, if, during the twenty-four (24) months prior to the Effective Date, he/she:
 - was prescribed or had taken nitroglycerin medication for the relief of chest pain
 - was diagnosed with an aneurysm, angina, arrhythmia, atrial fibrillation, blood clots, cardiovascular disease, congestive heart failure, deep vein thrombosis, heart attack, heart disease, heart palpitations or peripheral vascular disease
 - had heart surgery of any kind (including but not limited to a cardiac pacemaker implant, cardiac defibrillator implant, angioplasty, coronary bypass, valvulopathy or valve replacement) or surgery on any artery
3. Any expenses related to a pre-existing medical condition (whether or not the condition has been diagnosed or the diagnosis has changed) for which any symptoms occurred during the six (6) months prior to the Effective Date for Covered Persons age fifty-nine (59) and under; or twelve (12) months prior to the Effective Date for Covered Persons age sixty (60) and over; or for which the Covered Person:
 - was diagnosed with a stroke, Transient Ischemic Attack (TIA) or mini-stroke
 - was treated for or diagnosed with cancer (other than basal cell carcinoma)
 - was diagnosed with HIV, AIDS or AIDS-related complex
 - had an organ transplant (including but not limited to a heart, lung, kidney or liver transplant)
 - had a lung condition (including but not limited to chronic obstructive pulmonary disease, cystic fibrosis or emphysema) that required Hospitalization, home oxygen use, or a prescription for or use of Prednisone or any other oral steroid
 - was treated for or diagnosed with kidney disease, disorder or failure (including but not limited to nephritis, nephrotic syndrome or renal failure) or had renal dialysis therapy
 - was treated for or diagnosed with liver disease, disorder or failure (including but not limited to cirrhosis or hepatitis)
 - was diagnosed with an inflammatory bowel disease (including but not limited to Crohn's Disease or Colitis)
 - was diagnosed with insulin-dependent diabetes (treated with insulin)
3. Any expenses related to a pre-existing medical condition (whether or not the condition has been diagnosed or the diagnosis has changed) for which any symptoms occurred during the six (6) months prior to the Effective Date for Covered Persons age fifty-nine (59) and under; or twelve (12) months prior to the Effective Date for Covered Persons age sixty (60) and over; or for which the Covered Person:
 - consulted a Physician
 - was Hospitalized

- was prescribed new medication or a change in dosage
 - received medical investigation or was advised to do so
 - received treatment or was advised to do so
 - was on a waiting list for medical investigation or treatment
 - was waiting for test results
 - ignored or did not follow recommended medical advice or treatment
4. Any expenses incurred, directly or indirectly, as a result of a psychological, psychiatric, mental, emotional, nervous or affective disorder, unless Hospitalized.
 5. Any expenses incurred after initial Emergency treatment, including:
 - treatment when it has been determined by Saskatchewan Blue Cross that the Covered Person could have returned to Saskatchewan without endangering his/her life or health
 - treatment, symptoms or a reoccurrence of a medical condition, illness or Accident that was previously treated while the Covered Person was outside Saskatchewan
 6. Any expenses relating to non-Emergency treatment, including but not limited to:
 - treatment that medically could have been delayed until the Covered Person has returned to Saskatchewan
 - general health examinations for check-up purposes
 - on-going maintenance of an existing condition
 - rehabilitation or on-going care in connection with drugs, alcohol or any other substance abuse
 - treatment for cosmetic purposes
 7. Any expenses for treatment that is not recognized as usual, customary and reasonable in the province of Saskatchewan.
 8. Hospital accommodations or treatment received in an institution licensed or used principally as a clinic, continued care or extended care facility, convalescent home, rehabilitation centre, rest home, nursing home or home for the aged, health spa or drug or alcohol treatment centre.
 9. Expenses incurred due to operating a motorized Vehicle while impaired by drugs, toxic substances or a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred.
 10. Expenses incurred due to abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
 11. Expenses incurred due to suicide, attempted suicide or self-inflicted injury of a Covered Person under this Policy.
 12. Expenses incurred due to commission of or attempting to commit, directly or indirectly, a criminal act under legislation in the area of commission of the offense, regardless of whether charges are laid or a conviction obtained.
 13. Expenses incurred due to training, practising or participating in: professional sports (receiving remuneration), a motorized speed test, race or contest, rodeo, scuba diving (when not certified by ACUC, NAUI, PADI or SSI), or any other high risk activity including but not limited to; parachuting, bungee jumping, mountain climbing, rock climbing, spelunking, hang gliding, parasailing, sky diving.
 14. Expenses incurred due to a flight Accident, unless the Covered Person is riding as a fare paying passenger on a commercial airline or charter Aircraft with a seating capacity of six (6) people or more.
 15. Expenses incurred due to active participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking or terrorism, or participation in any riot, public confrontation, civil commotion or any other act of aggression.

16. Expenses incurred due to a medical Emergency that occurred in a country, region or city during a Covered Person's trip when, prior to the Effective Date, a travel warning of "Avoid Non-Essential Travel" or "Avoid All Travel" was posted on the Department of Foreign Affairs and International Trade Canada website (www.voyage.gc.ca).

General Terms

1. This Travel Plan is a Secondary Plan as defined under the Coordination of Benefits Guideline G17 approved by the Canadian Life and Health Insurance Association (CLHIA Guidelines) and is "excess to all others." In the event the Covered Person is entitled to similar benefits under any other individual or group plan (including but not limited to any employment related plan, extended health care plan, Saskatchewan Health, Saskatchewan Workers' Compensation, credit card coverage, private or auto insurance), benefits will be coordinated with those plans in accordance with the CLHIA Guidelines, so claims paid do not exceed one hundred percent (100%) of the allowable expenses paid.
2. All amounts indicated in this Policy are in Canadian funds.
3. No sum payable under this Policy shall carry interest.
4. All benefit levels outlined in this Policy are per person amounts, unless otherwise stated.
5. To be eligible, the Hospital or medical benefits covered under this Policy must have been provided at the nearest eligible facility capable of providing adequate service at the time of the Illness or Accident.
6. Saskatchewan Blue Cross shall cover up to the usual, reasonable and customary charges for Eligible Expenses. Benefits listed here shall be payable only for Emergency treatment defined as treatment of an immediate nature required as a result of an unforeseen Illness or Accident. Detailed accounts for Hospital and medical services are required.

7. Saskatchewan Blue Cross has the authority to obtain the Covered Person's pertinent medical records or information from any Physician, Dentist, Hospital, clinic, related facility, other insurer or government insurance plan for the purpose of administering the terms of this Policy.
8. Coverage shall be declined if the premium is not received by Saskatchewan Blue Cross due to an N.S.F. cheque or invalid credit card charge.
9. When payment received is insufficient for duration of coverage indicated on the Application for Insurance, Saskatchewan Blue Cross reserves the right to alter the requested duration of coverage to whatever duration the premiums purchase, in accordance with current published rates.
10. Coverage must be purchased from Saskatchewan Blue Cross prior to departure for the entire duration of the trip, including the date of departure and the date of return.
11. Only charges for Emergency medical services incurred while the Covered Person is outside the boundaries of Saskatchewan during the term of this Policy will be eligible. Benefits become effective at the time of crossing the Saskatchewan boundary or an international border if travelling by land, or when the airplane departs if travelling by air. This Policy expires on the return home at the time of crossing the Saskatchewan boundary or an international border if travelling by land; when the airplane lands in Saskatchewan if travelling by air; or on the expiry date of this Policy, whichever comes first.
12. Saskatchewan Blue Cross, in consultation with the attending Physician, reserves the right to transfer the Covered Person to another Hospital or return the Covered Person to Saskatchewan. Refusal to comply with the transfer request will void this Policy from that time forward and absolve Saskatchewan Blue Cross of any further liability, whether that liability is related to the initial incident or not.

13. No benefits are payable for expenses incurred after the expiry date of this Policy, unless the Covered Person is admitted to Hospital prior to the expiry date of this Policy.
14. Saskatchewan Blue Cross and the Travel Assistance Provider are not responsible for the availability, quality or results of any medical treatment or transportation, or the failure of a Covered Person to obtain medical treatment.
15. If the air ambulance benefit is used, the unused portion of the Covered Person's air ticket must be surrendered to Saskatchewan Blue Cross.
16. This Policy shall be void if, whether before or after an Illness or Accident, a Covered Person has wilfully concealed or misrepresented any material fact or circumstance concerning this coverage.
17. The Application for Insurance must be validated by Saskatchewan Blue Cross or an authorized broker of Saskatchewan Blue Cross.
18. Coverage is provided based on the option purchased. This Policy is not transferable to another person or family.
19. The Policy, which includes the Application for Insurance, shall constitute the entire agreement between Saskatchewan Blue Cross and the Covered Person and no verbal or other written information shall have any effect. No one other than Saskatchewan Blue Cross has the authority to amend any of the printed provisions contained in this brochure.
20. This Policy shall be governed by and interpreted in accordance with the laws of Saskatchewan.
21. In the event of any payment of benefits under the Policy, Saskatchewan Blue Cross shall be subrogated to all the rights of recovery therefor which any Covered Person receiving such payment may have against any person or organization. Such Covered Person shall execute and deliver all such documents, instruments and authorizations, and do all acts, as may be necessary to secure and enforce such rights, and shall do nothing after loss to prejudice such rights.
22. If Saskatchewan Blue Cross pays benefits for a Covered Person and a third party makes payment for those same benefits, the Covered Person will owe Saskatchewan Blue Cross the amount previously paid by Saskatchewan Blue Cross.
23. The Covered Person agrees to authorize assignment of payment to Saskatchewan Blue Cross for any claims for benefits under Saskatchewan Health submitted by Saskatchewan Blue Cross in respect of Hospital and medical services provided outside Saskatchewan.
24. In the case of a disagreement with a decision of an employee or officer of Saskatchewan Blue Cross who has denied or disputed a claim for benefits, the Insured may appeal this decision initially to the Manager, Health and Dental Claims and may subsequently appeal to the CEO, Saskatchewan Blue Cross.

Travel Plan Extensions

For trips exceeding the original period of coverage, contact Saskatchewan Blue Cross to purchase extended coverage.

Extension of coverage may be applied for, provided that the Covered Person's Saskatchewan Health coverage remains in effect for the whole term of any and all extensions and the request for extension with payment is received by Saskatchewan Blue Cross prior to expiry of the previous period of coverage.

The original period of coverage plus any subsequent extensions may not exceed two hundred fourteen (214) days.

An extension and/or additional extension will be allowed provided no claims in excess of \$500 have been incurred under the original period of coverage or any previous extension.

Any extension must be for the same benefits as the original Policy and extensions shall not be permitted on any travel plan other than the Policyholder's original per diem Saskatchewan Blue Cross travel plan.

Extension premium will be calculated by taking the premium that covers the total number of days (original period of coverage plus the number of days in the extended stay), and subtracting the premium for the number of days in the original period of coverage. (When calculating multiple extensions, the number of days of any previous extensions will be included in the original period of coverage.) The difference will be the premium for the extended coverage, subject to a minimum charge of \$20.

Cancellations and Refunds

Full refunds will be permitted if cancellation notice is received or postmarked prior to the Effective Date of coverage.

Partial refunds, less a \$20 administration fee, will be permitted if the value of the remaining days of the Policy is greater than \$20 (provided no claims have been incurred). Partial refunds must be requested before coverage expires (proof of early return must be provided) and will be calculated from the date that cancellation notice is received or postmarked.

Claims

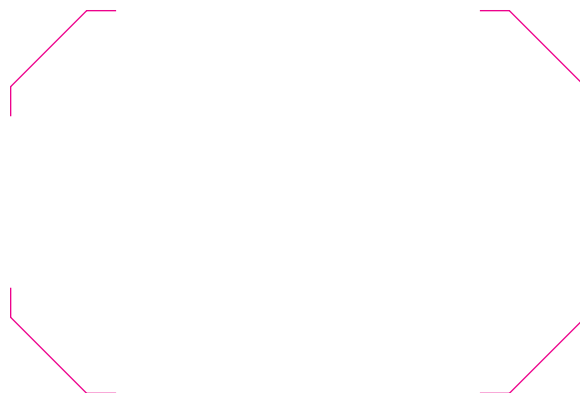
The Travel Assistance Provider must be contacted within twenty-four (24) hours of your medical Emergency at the phone numbers listed on page 1 and the inside back cover of this brochure, and on the Travel Assistance wallet card.

Failure to call the Travel Assistance Provider may result in your expenses being limited or declined.

In the event of a claim, documentation to support date of departure will be required (i.e., air ticket or an accommodation receipt). The claim form may be downloaded at www.sk.bluecross.ca or obtained by contacting any office of Saskatchewan Blue Cross, as listed on the back cover of this brochure.

Written notice of claim must be provided to Saskatchewan Blue Cross within six (6) months of the date of service. Proof of claim must be submitted to Saskatchewan Blue Cross within twelve (12) months of the date of service.

Payment will be made by Saskatchewan Blue Cross directly to the Policyholder, beneficiary, or provider of service. Payment made in Canadian funds for expenses incurred in another currency will be based on the rate of exchange in effect at the time the service was provided or the product supplied, as determined by any Canadian chartered bank.



EMERGENCY ASSISTANCE

Call within 24 hours of your medical Emergency.

Within North America, **1.866.330.3633** toll-free

(If unavailable call the number below)

All other locations, **306.667.5299** collect

Policy Number _____

Departure Date _____ Return Date _____

Contact Us

If you have any questions about our travel plans or benefits, or would like to purchase coverage,

contact your local insurance broker

or call us toll-free at

1-800-USEBLUE® (873.2583)

within Saskatchewan

1.800.667.6853 within Canada

or visit

sk.bluecross.ca

(online purchase available)

Saskatoon

516 Second Avenue North
PO Box 4030
Saskatoon SK S7K 3T2

Phone 306.244.1192

Fax 306.652.5751

Regina

100, 1870 Albert Street
Regina SK S4P 4B7

Phone 306.525.5025

Fax 306.525.2124

Our business hours are 8:30am to 5:00pm weekdays.



®Saskatchewan Blue Cross, Blue Cross Life Insurance Company of Canada and 1-800-USEBLUE are registered trade-marks of the Canadian Association of Blue Cross Plans, used under licence by Medical Services Incorporated, an independent licensee. *Trade-mark of the Canadian Association of Blue Cross Plans. †Trade-mark of the Blue Cross Blue Shield Association.