



Blue Choice[®]

Personal Health Plan

POLICY DETAILS

March 4, 2025



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IMPORTANT NOTICE – PLEASE READ YOUR POLICY CAREFULLY

This *Policy* contains a description of the Core Health Benefits and Optional Benefits available with Blue Choice® Personal Health Plans. Refer to your original offer letter to identify your benefits, as you may not have purchased all optional benefits available and/or you may have specific exclusions and limitations. **Italicized terms are defined in your *Policy*.**

All benefits contained herein are underwritten by Saskatchewan Blue Cross unless otherwise noted.

This *Policy*, together with any amendments, constitutes the entire agreement between Medical Services Incorporated, hereinafter referred to as Saskatchewan Blue Cross, and the *Policyholder*.

Travel Benefits

The Out-of-Saskatchewan (Within Canada) Emergency Benefits and the Optional VIP Travel Benefits are designed to cover losses arising from a sudden and unforeseeable *Emergency* and typically not follow-up or recurrent care. We want you to understand (and it is in your best interests to know) what your *Policy* includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your *Policy* before you travel.

- This insurance does not cover anyone travelling outside Saskatchewan with the intent to seek medical or dental advice or *Treatment*, even when recommended by a *Physician* or *Dentist*.
- This insurance contains both benefit-specific and general *Policy* limitations and exclusions (e.g., *Medical Conditions* that are not *Stable*, pregnancy, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *Pre-Existing Medical Conditions*. Check to see how this information applies to your *Policy* and how it relates to your date of departure.
- In the event of a claim, your prior medical history may be reviewed.

Your *Policy* requires you to notify the Saskatchewan Blue Cross Travel Assistance Provider within 24 hours of your *Emergency* so they can confirm coverage and provide authorization for *Treatment*. Should your illness or *Injury* be serious or critical, first seek the urgent medical attention you require. A family member, travelling companion, or treating facility may contact our Travel Assistance Provider at the earliest chance. If your condition does not require immediate medical attention, we recommend you contact the emergency assistance numbers prior to seeking *Treatment*.

Contact the Saskatchewan Blue Cross Travel Assistance Provider within 24 hours of your *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 *Emergency*.

It is your responsibility to understand your coverage. 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), or visit sk.bluecross.ca.



Section A: Definitions

The following definitions apply to all Core Health Benefits and Optional Benefits.

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.

Application for Insurance

Means the “Blue Choice® Personal Health Plan Application” completed by the *Policyholder* 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.

Beneficiary

Means the *Policyholder* if living, otherwise the *Partner* if living, otherwise the Estate.

Benefit Survival Period

Means that continuous period of time which must elapse between the date the definition of critical condition is met and the date the benefit is payable, as long as the *Insured* is still living.

Blue Cross Life®

Means *Blue Cross Life®* Insurance Company of Canada (an independent licensee of the Canadian Association of Blue Cross Plans).

Dentist

Means a person qualified and licensed as a doctor of dentistry entitled to practice dentistry under the laws of the place where the services are provided.

Dependent

Means a *Policyholder's Partner*, defined herein, and any:

- Unmarried child up to 18 years of age;
- Unmarried child under 25 years of age undergoing full time student education; or
- an *Incapacitated Dependent*, defined herein.

Dependent(s) must be listed in the *Policyholder's* Blue Choice® *Application for Insurance* or in a supplemental notice received and accepted by Saskatchewan Blue Cross.

Drugs

Drug products that:

- Have been approved by Health Canada for specific indications and assigned a drug identification number (DIN)
- Are dispensed by a licensed *Pharmacist*, *Physician* or *Dentist* (or other qualified health professionals authorized by law)
- Legally require a prescription from a *Physician* or *Dentist* (or other qualified health professionals authorized by law)
- Are marketed and available for purchase in Canada.

Eligible Expenses

Means charges incurred by you and payable by Saskatchewan Blue Cross in accordance with the provisions of this *Policy*.

Emergency

Means a sudden and unforeseen *Medical Condition* that requires immediate *Treatment*.

Hospital

Means an institution that is licensed as an accredited *Hospital* that is staffed and operated for the care and *Treatment* of *In-patients* and out-patients. *Treatment* must be supervised by *Physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *Hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

Immediate Family

Means the *Policyholder's* legal or common-law *Partner*, parent, step-parent, grandparent, grandchild, in-law, natural or adopted child, legal guardian, step-child, brother, sister, step-sister, step-brother, aunt, uncle, niece or nephew.

Incapacitated Dependent

Means a *Dependent* who is physically or mentally incapable of self-support and is incapable to the extent of being entirely dependent on their parent for maintenance or support, as determined by Saskatchewan Blue Cross.

Injury

Means bodily harm sustained directly as a result of an *Accident*.

In-patient

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

Insured

Means the *Policyholder* covered by this *Policy* and his/her eligible *Dependent(s)*.

Insurer

Means Saskatchewan Blue Cross.

Lifetime Maximum

Means the maximum amount payable for *Eligible Expenses* during the entire time you are insured.

Medical Condition

Means any disease, illness or *Injury* (including symptoms of undiagnosed conditions).

Partner

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 12 months and is publicly represented as such.

The *Policyholder* requesting coverage for a common-law *Partner* must give written notice to Saskatchewan Blue Cross. Unless such written request is made, a person legally married to the *Policyholder* shall be considered to be the *Partner* of the *Insured*. Discontinuance of cohabitation with the *Policyholder* shall terminate coverage for a common-law *Partner*.

Pharmacist

Means a person qualified and licensed to dispense *Drugs* and medicine on a *Physician's* prescription under the laws of the place where the services are provided.

Physician

Means a person who is not you or a member of your *Immediate Family* or your travelling companion, licensed in the jurisdiction where the services are provided to prescribe and administer medical *Treatment*.

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 *Premium* to Saskatchewan Blue Cross for the purpose of retaining the coverage benefits of a specific plan offered by Saskatchewan Blue Cross, and whose application has been accepted by Saskatchewan Blue Cross.

Pre-existing Medical Condition

Means any *Medical Condition* that exists during the 90 days immediately preceding the departure date.

Preferred Hospital Accommodation

Means a semi-private or private room in a *Hospital* where an *Insured* is accommodated as an *In-patient*, but does not include long-term care which might otherwise be provided in a nursing home, or private rooms where an *Insured In-patient's* family is accommodated.

Premium

Means the amount of money charged by Saskatchewan Blue Cross and payable in advance as consideration for providing the benefits of any of its plans.

Private Duty Nurse

Means a registered nurse or a licensed practical nurse, registered with the appropriate provincial, state or national association. A relative of the *Insured*, or a person who normally resides with the *Insured*, shall not be eligible for any remuneration as a *Provider* of private duty nursing services to an *Insured*.

Provider

Means one who provides services and/or *Treatment* to an *Insured*.

Reasonable and Customary

Means charges and quantities incurred for goods and services that are deemed fair and typical, as determined by Saskatchewan Blue Cross. Allowable charges and quantities are based on the general level of fees and prices charged for similar goods and services in the same geographical area and the expected durability of specific goods.

Resident

Means you permanently reside in Saskatchewan and normally live in the province for at least five months a year. As determined by Saskatchewan Blue Cross, foreign students and/or other temporary residents are exempt and do not qualify under this *Policy*.

Stable

A *Medical Condition* is considered *Stable* when all of the following statements are true:

- There has not been any new *Treatment* prescribed or recommended, or change(s) to existing *Treatment* (including a stoppage in *Treatment*), and
- There has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug, and

- There has not been any new, more frequent or more severe symptoms, and
- There has been no hospitalization or referral to a specialist, and
- There have not been any tests, investigation or *Treatment* recommended, but not yet complete, nor any outstanding test results, and there is no planned or pending *Treatment*.

All of the above conditions must be met for a *Medical Condition* to be considered *Stable*.

Treatment

Means a procedure prescribed, performed or recommended by a *Physician* for a *Medical Condition*. This includes, but is not limited to, prescribed medication, investigative testing and surgery.

Section B: Core Health Benefits

In-Province Benefits

The following *Eligible Expenses* are covered under Blue Choice® Personal Health Plans.

Ambulance

Charges for *Emergency* ambulance services, including air ambulance within Saskatchewan, required to transport an *Insured* stretcher patient to the nearest *Hospital* equipped to provide necessary *Treatment* following a serious accidental *Injury* or sudden attack of a serious illness. The services must be provided by a licensed ambulance and must commence in Saskatchewan.

Charges for *Emergency* ambulance services that do not result in the transport of an *Insured* patient to a *Hospital*, payable at 50%.

Charges for ambulance services required to transport an *Insured* patient to their home residence, or another *Hospital* for continuing care, when ordered by the treating *Hospital Physician* as medically necessary following emergency *Hospital Treatment*, payable at 50%. Documentation to support the order and medical necessity will be required.

Charges for ambulance services that transport an *Insured* patient to and from *Hospitals*, *Physician's* offices, laboratories or medical clinics for scheduled care are not covered.

Hospital

Charges for a maximum of 30 days per *Insured* per *Policy* year for *Preferred Hospital Accommodation* for acute care, when requested by the *Policyholder* or *Insured*, and for *Drugs* not covered by the Saskatchewan Drug Plan and dispensed to an *Insured* while an *In-patient* in the *Hospital*.

Private Duty Nursing

Services of a *Private Duty Nurse* where the services (excluding palliative and respite care) have been ordered by the attending *Physician* for an *In-patient* as well as in the home of the *Insured* (excluding nursing homes), for care consistent with the diagnosis and *Treatment* of the *Medical Condition* of the *Insured*, immediately following discharge from the *Hospital*. Saskatchewan Blue Cross will reimburse the *Insured* for 80% of the cost to a maximum of \$5,000 per *Insured* per *Policy* year.

Accidental Dental

Charges for dental *Treatment* when natural teeth have been damaged by a direct, accidental blow to the mouth (but not by an object wittingly or unwittingly placed in the mouth) or a fractured or dislocated jaw requiring setting. This dental *Treatment* must be rendered or reported and approved

for payment by Saskatchewan Blue Cross within six months of the *Accident*. *Eligible Expenses* will be limited to the current Dental Fee Guide for General Practitioners in effect in Saskatchewan.

Dental services in excess of \$500 require pre-approval by Saskatchewan Blue Cross.

Medical Equipment

Charges for the purchase or rental of a wheelchair and/or *Hospital* bed to a *Lifetime Maximum* of \$500 per *Insured*.

Charges for the purchase or rental of a patient walker to a *Lifetime Maximum* of \$300 per *Insured*.

Charges for the rental of equipment for the administration of oxygen on the written authorization of a *Physician* to a maximum of \$500 per *Insured* per *Policy* year.

The combined *Lifetime Maximum* for all Medical Equipment is \$1,500 per *Insured*.

Hearing Aids

Following a period of 12 months from the effective date of coverage, charges for hearing aids (excluding batteries) are eligible to a maximum of \$800 per *Policyholder* and/or *Partner* in a five-year period.

Dependent children are eligible for two hearing aids (one for each ear) to a maximum of \$800 per hearing aid per *Dependent* child in a three-year period.

Hearing aids must be prescribed, tested and fitted by an otologist, clinical audiologist or board certified hearing instrument specialist.

Prosthetic and Medical Appliances

Charges for the following appliances or supplies when prescribed by a *Physician* and required for medically necessary purposes on a daily basis: artificial eyes, limbs, crutches, canes, casts, splints, metal braces (excluding dental splints and braces), aerochambers, nebulizers, trusses, rib belts, sacroiliac corsets, embolic stockings, cervical collars.

Charges for the purchase of wigs when prescribed by a *Physician* and required as a result of a *Medical Condition*, up to \$250 per *Insured* per *Policy* year.

Charges for the purchase of breast prostheses once in any 24-month period.

Diabetic Supplies

Charges for needles, swabs, syringes, test strips, lancets or other supplies approved by Saskatchewan Blue Cross in a quantity prescribed by a *Physician* and deemed reasonable by Saskatchewan Blue Cross.

Diabetic Equipment

Charges for poking devices, glucose meters, or other equipment approved by Saskatchewan Blue Cross used for the *Treatment* and control of diabetes, payable at 80% up to \$500 per *Insured* in a five-year period.

Ostomy Supplies

Charges for ostomy supplies as recommended by a *Physician* for non-*Hospital Treatment*, which may or may not include skin barrier protectors, ostomy pouches, deodorizer, stoma paste, cleaning supplies, tubing and tourniquets.

Health Practitioners

Charges for diagnosis or *Treatment* by a licensed or Saskatchewan Blue Cross approved acupuncturist, chiropractor/podiatrist¹, chiropractor, massage therapist, naturopath, physiotherapist/athletic therapist²,

psychologist/counsellor/social worker³, or speech-language pathologist, except when performed in a *Hospital*, up to \$400 per *Insured* per *Policy* year for each type of practitioner or combined group. A *Physician* referral may be required for the services of a registered massage therapist.

¹Chiropractors and podiatrists share a combined benefit maximum

²Physiotherapists and athletic therapists share a combined benefit maximum

³Psychologists, counsellors and social workers share a combined benefit maximum

Orthopaedic Shoes and Supplies

Charges for the purchase, repair or replacement of orthopaedic shoes and modification supplies (which may include scaphoid pads, torque heels, insoles, metatarsal pads and moulded arch supports) when prescribed by an orthopaedic surgeon, physiatrist, rheumatologist or chiropractor/podiatrist and custom built and supplied by a certified pedorthist, orthotist or chiropractor/podiatrist, payable at 80% up to \$200 per *Insured* per *Policy* year.

Blood Pressure Monitors

Charges for the purchase or rental of a blood pressure monitor on the written authorization of a *Physician*, once in a five-year period.

Mobility Aids

Charges for the purchase of bathroom rails, bath seats, raised toilet seats or reachers on the written authorization of a *Physician*.

Vision Care

Charges for one eye examination, including eye refractions, performed by a licensed optometrist or ophthalmologist up to \$100 per *Insured* once in any 24-month period. Charges for prescription eyewear or laser eye surgery up to \$150 per *Insured* in a 24-month period.

Exclusions and Limitations for In-Province Benefits

(In addition to General Exclusions and Provisions in Sections D and E)

Overall maximum for the above listed benefits is \$10,000 per *Insured* per *Policy* year, to an overall *Lifetime Maximum* of \$250,000 per *Insured*.

Individual Assistance Program & Virtual Care

Core Health Benefits include coverage for the Individual Assistance Program (IAP) and Virtual Care.

Individual Assistance Program (IAP)

The Individual Assistance Program is provided by Homewood Health Inc.

This coverage provides access to a variety of mental health and wellness supports for any challenge you may be facing. Homewood Health's Individual Assistance Program (IAP) provides confidential, professional services for a broad range of personal and family challenges by telephone, in person and online.

Counselling and coaching sessions are provided on a short-term, solution-focused model. When you seek out support from Homewood Health, they'll open a confidential case on your behalf. For each case, members receive an average of four counselling sessions per issue, with no limit to the number of cases for which you can seek support.

You and your *Dependents* have access to:

Counselling Services for challenges such as

- Depression
- Anxiety
- Grief/bereavement
- Addictions
- Stress

Digital Cognitive Behavioural Therapy

- Sentio iCBT: internet based Cognitive Behavioural Therapy (iCBT) program designed to provide support for mild to moderate depression, anxiety and other mental health issues
 - Self-directed iCBT: an entirely self-guided online experience
 - Counsellor-assisted iCBT: online CBT platform supported by unlimited chat with a counsellor for up to 12 weeks
 - Integrated iCBT: online CBT platform supported by video or phone sessions with a counsellor for up to 12 weeks

Online Resources

- e-Learning courses
- Childcare resource locator
- Elder care resource locator
- Health risk assessment tools
- Health and wellness articles

Life Smart Coaching Services

- Life Balance Solutions:
 - Childcare and parenting
 - New parent
 - Elder and family care
 - Legal advisory services
 - Financial advisory services
 - Relationship solutions
 - Grief and loss
 - Burnout and stress solutions
- Health Smart Coaching:
 - Nutrition
 - Lifestyle changes
 - Smoking cessation
- Career Smart Coaching:
 - Career coaching
 - Workplace issues
 - Pre-retirement planning
 - Shift work support

In addition, Enhanced Mental Health Care provides coverage for mid- to longer-term mental health support and provides up to 20 sessions of specialized counselling, as determined on a per-case basis by Homewood Health. This coverage is offered to support members presenting with moderate to severe symptoms of anxiety, depression, trauma and/or substance abuse related concerns.

To access your IAP benefits

GETTING STARTED

You'll need your unique access/registration code to get started. Login to your personal member portal and navigate to My Coverage. Your access/registration code is listed as a part of the benefit description.

Can't find your access/registration code? Contact us at 1-800-667-6853.

ACCESS IAP ONLINE

1. Visit www.homeweb.ca or download the Homewood Health app on your mobile device.
2. Click 'Sign Up' and type in Saskatchewan Blue Cross Personal Health Plan, then click 'Find it!'. Select the corresponding result from the list provided.
3. Complete the required fields, choose an email and password, and, when prompted enter your access/registration code.
4. Submit the additional information required and click 'Sign Up'.

ACCESS IAP BY PHONE

24 hours a day, seven days a week

Call 1-800-663-1142

Virtual Care

Virtual Care services are provided by Cleveland Clinic Canada.

Coverage for virtual care services through Express Care Online. Express Care Online connects you and your family with a Cleveland Clinic Canada nurse practitioner to receive a diagnosis and/or prescription for non-emergency *Medical Conditions*. Confidential access is available 24 hours a day, seven days a week across Canada, except Quebec[§]. You can seek virtual care support as often as needed.

[§]Services in Quebec are available from 7 a.m. – 7 p.m., seven days a week, excluding statutory holidays.

Available services may include, but are not limited to

- Requisitions for labs and/or imaging
- Prescriptions for *Drugs*, sent to your pharmacy of choice
- Referrals to a specialist
- Access to services while travelling anywhere in Canada

Exclusions and Limitations for Virtual Care

Express Care Online is not available:

- For medical emergencies;
- For prescription *Drugs* designated as controlled *Drugs* by Health Canada;
- For completion of long-term disability forms;
- For backdated sick notes;
- For any condition deemed by the nurse practitioner, at their sole discretion, to be inappropriate for online consultation; and
- While travelling outside of Canada.

To access your Virtual Care benefits

GETTING STARTED

You'll need your access code/service key to get started. Login to your personal member portal and navigate to My Coverage. Your access code/service key is listed as a part of the benefit description.

Can't find your access code/service key? Contact us at 1-800-667-6853.

ACCESS VIRTUAL CARE VIA MOBILE APP

1. Download the free Cleveland Clinic Express Care app on your mobile device.
2. Sign up and register. When prompted, enter your access code/service key.

Out-Of-Province Referral Benefits

Reimbursement of *Eligible Expenses* when an *Insured* is referred outside Saskatchewan by a *Physician* for medical services not performed in Saskatchewan and prior approval has been provided by Saskatchewan Health and Saskatchewan Blue Cross. Payment will be made for charges in excess of the amount paid by Saskatchewan Health up to a *Lifetime Maximum* of \$50,000 per *Insured* for the following *Eligible Expenses*:

Ambulance

Charges for licensed ambulance, including air ambulance services, required to transport a patient to and from the nearest *Hospital* able to provide essential care.

Ambulance Attendant

Charges for travel expenses of an accompanying registered nurse or qualified medical attendant (excluding a relative of the *Insured* or a person who normally resides with the *Insured*) when medically necessary and approved by Saskatchewan Blue Cross.

Hospital

All *Hospital* charges for medically necessary services, less the amount allowed by Saskatchewan Health, such as:

- *Hospital* room accommodation
- Intensive care rooms
- Nursing services provided to the *Insured* as an *In-patient*
- Operating and recovery rooms
- Diagnostic and laboratory services, including x-ray
- Oxygen and blood
- *Drugs*, including intravenous solutions
- Physiotherapy

Physicians and Surgeons

Customary charges of *Physicians* and surgeons for services rendered, less the amount paid by Saskatchewan Health.

Exclusions and Limitations for Out-Of-Province Referral Benefits

(In addition to General Exclusions and Provisions in Sections D and E)

3. The referral outside of Saskatchewan must be medically necessary for a life threatening *Medical Condition* and must not be for services available in Saskatchewan, as determined by Saskatchewan Blue Cross. Without extending the foregoing, medical services for the following procedures or complications due to these procedures are expressly excluded from coverage: invitro fertilization or any other fertility method, sterilization, implants including contraceptive or penile implants, and liposuction.
4. The claim must have prior approval for payment from Saskatchewan Health and from Saskatchewan Blue Cross.
5. Payment will only be made for services and supplies rendered while the *Insured* was under the active *Treatment* of a *Physician*.

6. Payment will not be made for diagnosis and/or *Treatment* of any illness:
 - Commencing within 12 months after the *Insured's* effective date of coverage.
 - For which the *Insured* has received *Treatment* or has been prescribed *Drugs* 12 months prior to the effective date of this coverage.
 - Where the *Medical Condition* existed prior to the effective date of this coverage.
7. The services must not be for experimental medical procedures or *Treatment* methods not approved by the Canadian Medical Association.

Out-Of-Saskatchewan (Within Canada) Emergency Benefits

Reimbursement of the following *Eligible Expenses* incurred due to an *Emergency* while temporarily outside Saskatchewan but within Canada:

Ambulance

Licensed ambulance service, including air ambulance, to the nearest qualified medical facility, as well as:

- Medical evacuation — subject to medical advice to the contrary, evacuation of the *Insured* to a *Hospital* in Saskatchewan, when pre-authorized by Saskatchewan Blue Cross.
- The cost for one direct round-trip economy fare for a medical attendant when pre-authorized by Saskatchewan Blue Cross and either an attending *Physician* or a commercial airline advises, in writing, that an *Insured* must be accompanied by a qualified medical attendant.

Hospital Accommodation

Hospital accommodations in excess of the amount paid by Saskatchewan Health.

Nursing

Private duty nursing charges when ordered by an attending *Physician* following an *Emergency*.

Medical Appliances

The cost of casts, crutches, canes, slings, splints, trusses, braces (excluding dental splints and braces) and/or temporary rental of a wheelchair when required as a result of sickness or *Accident*.

Prescription Drugs

Drugs prescribed by an attending *Physician* or *Dentist* and supplied by a *Pharmacist*.

Health Practitioners

Charges for diagnosis or *Treatment* by a licensed chiroprapist/podiatrist, physiotherapist/athletic therapist, chiropractor, registered massage therapist, and osteopath, except when performed in a *Hospital*.

Physicians and Surgeons

Services of a *Physician* and/or surgeon when allowed by Saskatchewan Health.

Diagnostic

X-rays, examinations, diagnostic and laboratory procedures.

Return of Deceased

In the event of loss of life while travelling outside Saskatchewan, the cost of homeward transportation of a deceased *Insured*. Benefit excludes the cost of burial coffin or urn.

Exclusions and Limitations for Out-Of-Saskatchewan (Within Canada) Emergency Benefits

(In addition to General Exclusions and Provisions in Sections D and E)

1. Situation where no benefit will be paid:
 - A trip made for the purpose of obtaining a diagnosis, *Treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
2. We will not pay a benefit with respect to non-*Emergency*, experimental or elective *Treatment* (e.g., cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
3. No benefits are payable if the *Insured* receives the same benefits from a third party insurer.
4. If our medical advisors determine that you should transfer to another facility or return to your home province/territory of residence for *Treatment*, and you choose not to, benefits will not be paid for further medical *Treatment* and coverage will be limited to unrelated events.
5. Situation where no benefit will be paid:
 - Any *Medical Condition* which is not *Stable* 90 days immediately preceding the departure date.
8. Situation where no benefit will be paid:
 - Any *Medical Condition* or symptoms for which it is reasonable to believe or expect that *Treatments* will be required during your trip.
9. Situations where your claim will not be paid:
 - Any *Medical Condition*, including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs or other intoxicants whether prior to or during your trip.
 - Any *Medical Condition* arising during your trip from, or in any way related to, the abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 mL of blood, drugs or other intoxicants.
10. Situation where your claim will not be paid:
 - Any *Medical Condition* that is the result of you not following *Treatment* as prescribed to you, including prescribed medication.
11. Situation where your claim will not be paid:
 - Claim related to routine pre-natal or post-natal care.
 - Claim related to pregnancy, delivery, or complications of either, arising eight weeks before the expected date of delivery or eight weeks after.

Funeral Expense Benefits

This benefit is available to *Insured(s)* age 65 or older. Funeral expenses up to a maximum of \$4,000 per *Insured* are payable provided that the death is accidental and not the result of sickness or disease either as a cause or effect, and upon review of a statement of death.

Accidental Death & Dismemberment Benefits

Coverage is available only to *Insureds* under the age of 65. Coverage for the *Insured* will terminate at the end of the month prior to the month in which the *Insured* turns 65 years of age.

If an *Insured*, while insured for this benefit, suffers an accidental loss as described in this section, *Blue Cross Life*® will pay the amount of insurance specified for the loss.

In order to be covered by this benefit, all losses must result directly and independently of all other causes from bodily injuries suffered by accidental, external and violent means. Death caused by accidental drowning shall also be covered. Death or loss must occur within 365 days after the *Injury*.

The amount payable shall be the following percentage of the amount of accidental death and dismemberment insurance for each *Insured* on the date of the *Injury*.

The maximum amount payable for all losses sustained as a result of the same *Accident* shall not exceed 100% of the amount of insurance. The maximum amount payable for the *Policyholder* is \$25,000, for the *Partner* is \$25,000 and for each other *Dependent* is \$5,000.

Loss of Life	100% of principal sum
Loss of, or loss of use of, both hands or both feet	100% of principal sum
Loss of, or loss of use of, one hand and one foot	100% of principal sum
Loss of entire sight of both eyes	100% of principal sum
Loss of, or loss of use of, one hand or one foot	50% of principal sum

The following specific definitions of loss apply to the above values:

1. Loss of a hand or foot means complete severance at or above the wrist or ankle joint. Severance is defined as the permanent and complete detachment of the affected area.
2. Loss of entire sight means loss that is total and irrecoverable. Loss of entire sight is also deemed to have occurred if sight cannot be restored to better than 20/200 vision by surgical or other means (e.g., eyeglasses) within 12 months following the date of the *Accident*.
3. "Loss of use" means the total and irrecoverable loss of use for 12 continuous months after which the benefit is payable, provided the loss of use is determined to be permanent.

Exposure and Disappearance

If, due to an *Accident*, an *Insured* is unavoidably exposed to the elements and if, as a result of such exposure and within 365 days after the date of the *Accident*, such person suffers a loss for which benefits would otherwise have been payable hereunder, such loss will be covered by this benefit provision.

Exclusions and Limitations for Accidental Death & Dismemberment Benefits

(In addition to General Exclusions and Provisions in Sections D and E)

No benefits shall be payable in respect of any loss caused directly or indirectly, wholly or in part, by one or more of the following:

1. Illness or disease of any kind, or medical or surgical *Treatment*, other than septic infection caused through a wound accidentally sustained; and
2. Travel or flight in or descent from any kind of aircraft if one or more of the following conditions applies to the *Insured*:
 - Is a member of the aircraft crew maintenance, testing or control of the aircraft

- Has any duties relating to the operation,
- Is on the aircraft for the purpose of instruction or training.

Section C: Optional Benefits

Additional *Premiums* apply. The Optional Benefits are available only if Core Health Benefits are valid and *Premiums* have been received.

Prescription Drugs

Saskatchewan Blue Cross will pay 80% for *Drugs* prescribed to an *Insured* and listed in the Saskatchewan Drug Plan Formulary.

Exclusions and Limitations for Prescription Drugs

(In addition to General Exclusions and Provisions in Sections D and E)

Without extending the foregoing, the following *Drugs* are expressly excluded: in-*Hospital Drugs*, *Drugs* not covered on the Saskatchewan Drug Plan Formulary (including *Drugs* that have received exception drug status [EDS]), over-the-counter *Drugs*, ingestive vitamins, smoking cessation *Drugs*, atomizers, vaporizers, salt and sugar substitutes, infant formula, dietary food and aids, contact lens care products, fertility *Drugs*, sexual dysfunction *Drugs*, skin cleansers, emollients and soaps, experimental *Drugs*, Rogaine or any other products prescribed to restore hair growth, and any medication prescribed for cosmetic purposes.

Where a generic *Drug* is available, reimbursement will be limited to the price of the generic. The cost of brand name *Drugs* will only be reimbursed if no generic equivalent exists or if the prescribing *Physician* indicates "no substitutions."

No benefits are payable for prescription *Drugs* purchased outside of Canada.

Dental

Saskatchewan Blue Cross will pay up to the fees listed in the Saskatchewan General Practitioner's Dental Fee Guide. Dental benefits are subject to a three-month waiting period. Services in excess of \$500 require pre-approval by Saskatchewan Blue Cross.

Reimbursement will be based on the following:

- 75% of basic services up to a maximum of \$750 per *Insured* per dental *Policy* year after three months of continuous dental coverage
- 80% of basic services and 50% of major services up to a combined maximum of \$1,000 per *Insured* per dental *Policy* year after one year of continuous dental coverage
- 80% of basic services and 50% of major services up to a combined maximum of \$1,500 per *Insured* per dental *Policy* year after two years of continuous dental coverage

	Coinsurance	Dental Service	Maximum
After 3 months	75%	Basic	\$750
After 1 year	80%	Basic	\$1,000
	50%	Major	
After 2 years or more	80%	Basic	\$1,500
	50%	Major	

Basic Services

Diagnostics

CLINICAL ORAL EXAMINATION

Complete oral examination of new patient (one per three *Policy* year period per *Dentist*)

Recall oral examination (one per *Policy* year)

Emergency oral examination (two per *Policy* year)

Specific oral examination (two per *Policy* year)

Analysis of mixed dentition (one per lifetime)

RADIOGRAPHS (INCLUDING TRACING AND INTERPRETATION)

Periapical (four per *Policy* year)

Postero-anterior and lateral skull and facial bone

Use of radiopaque dyes

Full mouth series, including bitewings¹

Panoramic¹

¹(one of either type every three *Policy* years)

Cephalometric (five per two *Policy* years)

Occlusal (two per *Policy* years)

Bitewing²

Temporomandibular joint (TMJ)²

²(four of each type per *Policy* year)

Sialography

TESTS AND LABORATORY EXAMINATIONS

Pulp vitality tests

Histological tests

Cytological tests

Preventative Services

Scaling (aggregate limit, with root planing, up to four units per *Policy* year)

Polishing³

Fluoride treatment³

Oral hygiene instruction/plaque control³

³(one unit of each per *Policy* year)

Pit and fissure sealants (posterior permanent teeth) (one per tooth per *Policy* year)

Space maintainer appliances, maintenance and repairs

Interproximal diskings of teeth

Protective appliance (one per *Policy* year)

Basic Restorative Services

Caries, trauma and pain control

Amalgam (metal) and tooth-coloured (plastic) restorations (five surfaces per tooth every two *Policy* years)

Full coverage prefabricated restorations (metal and plastic) (one per tooth per *Policy* year)

Repairs to inlays, onlays or crowns

Removal of inlays, onlays, crowns or veneers

Recementation/rebonding of inlays, onlays, crowns or veneers

Retentive pins

Endodontic Services

TREATMENT OF PULP CHAMBER

Pulpotomy

Pulpectomy

ROOT CANAL THERAPY

Root canal treatment (one per tooth per lifetime)

Apexification (insertion of dentogenic media)

PERIAPICAL SERVICES

Apicoectomy/apical curettage

Retrofilling

Root amputation

Hemisection

Intentional removal of tooth, apical filling and replantation

Perio-radicular lesion decompression

Exploratory endodontic surgery

OTHER ENDODONTIC PROCEDURES

Emergency opening and drainage of canal

Bleaching (of endodontically treated teeth) (two units per tooth per *Policy* year)

Post removal to allow retreatment

Periodontic Services

NON-SURGICAL SERVICES

Management of oral infections

Desensitization (four units per *Policy* year)

Application of displacement dressings

SURGICAL SERVICES

Gingival curettage

Gingivoplasty

Gingivectomy

Flap approach surgery

Grafts

Guided tissue regeneration

Miscellaneous procedures

- Distal wedge procedure
- Periodontal abscess or pericoronitis

ADJUNCTIVE PERIODONTAL SERVICES

Provisional splinting or ligation

Occlusal adjustment/equilibration (four units every five *Policy* years)

Root planing (aggregate limit, with periodontal scaling, up to four units per *Policy* year)

Topical application of antimicrobial agents

PERIODONTAL APPLIANCES⁴

Maintenance, adjustments, repairs and relines

TMJ APPLIANCES⁴

Maintenance, adjustments, repairs and relines

MYOFACIAL PAIN SYNDROME APPLIANCES⁴

Maintenance, adjustments, and repairs

⁴(any one upper or one lower appliance per two *Policy* years, pre-determination required)

Basic Prosthodontic Services - Removable

DENTURE REPAIRS AND ADDITIONS

Denture repairs - adjustments (two units per *Policy* year)

Additions to partial dentures

Denture prophylaxis and polishing (one per *Policy* year)

DENTURE RELINE AND DENTURE REBASE⁵

Complete and/or partial denture

⁵(one upper and one lower denture reline per two *Policy* years and one upper and one lower denture rebase per two *Policy* years)

OTHER BASIC PROSTHETIC SERVICES

Tissue conditioning⁶

Resilient liner⁶

⁶(two every two *Policy* years)

Basic Prosthodontic Services - Fixed Repairs

Replace broken prefabricated attachable facings

Removal of fixed bridge

Repair of fixed bridge

Recementation

Oral Surgery

Extractions

Erupted teeth

Impacted teeth

Residual roots

Surgical exposure of teeth

Surgical movement of teeth

- Transplantation of erupted or unerupted teeth
- Surgical repositioning of teeth
- Surgical enucleation of unerupted teeth and follicle

REMODELLING AND RECONTOURING ORAL TISSUES

Alveoplasty

- Either in conjunction with or not in conjunction with extractions
- Remodelling of bone
- Excision of bone
- Reduction of bone
- Removal of bone

Gingivoplasty and/or stomatoplasty

- Either in conjunction with or not in conjunction with extractions
- Excision of vestibular hyperplasia
- Surgical shaving of papillary hyperplasia of the palate

- Excision of pericoronal gingiva
- Removal of hyperplastic tissue
- Removal of excess mucosa

SURGICAL EXCISIONS AND INCISIONS

Excisions

- Benign tumours
- Enucleation of cysts/granulomas
- Excision of cyst
- Marsupialization of cyst

Incisions

- Drainage and/or exploration, intraoral
- Drainage and/or exploration, extraoral
- Removal of foreign bodies

Sequestrectomy

OTHER ORAL SURGERY SERVICES

Replantation of avulsed teeth

Repositioning of traumatically displaced teeth

Frenectomy/frenoplasty

Antral surgery

- Recovery of foreign bodies
- Lavage
- Oral-antral fistula closure

Control of hemorrhage

Adjunctive General Services

Neuroleptanalgesia

Conscious sedation

- Inhalation technique
- Intravenous sedation
- Intramuscular injections of sedative *Drugs*
- Combined techniques of inhalation plus intravenous and/or intramuscular injection
- Hypnosis
- Topical application of antimicrobial agents

Unscheduled office or institutional visit after regular hours

Major Restorative Services

Extensive Restorative Procedures

INLAY AND ONLAY RESTORATIVE PROCEDURES

Inlays and onlays (one per tooth every five *Policy* years)

- Metal
- Composite
- Porcelain/ceramic

Retentive posts (for crowns) (one per tooth every five *Policy* years)

- Cast metal
- Prefabricated

Indirect overdenture restorative services (one every five *Policy* years)

- Metal cast coping crown with or without attachment

Crowns (one per tooth every five *Policy* years)

- Plastic
- Porcelain/ceramic
- Cast metal
- Crowns made to an existing partial denture clasp
- Metal/plastic transfer copings

Laboratory processed veneers

- Plastic
- Porcelain/ceramic

Prosthodontic Services - Removable

COMPLETE DENTURES⁷

Standard

Transitional

Overdenture

Attached to implants

⁷(one complete upper and one complete lower denture every five *Policy* years)

PARTIAL DENTURES⁸

Acrylic

- Without clasp
- With resilient retainer
- With metal wrought/cast clasp and/or rests
- With metal wrought palatal/lingual bar and clasp and/or rests
- Overdenture with cast/wrought clasps and/or rests

Cast with acrylic base

- Free end with cast frame/connector, clasp and rests
- Free end with swing lock/connector
- Tooth borne with cast frame/connector, clasp and rests
- Cast with precision attachments
- Cast with semi-precision attachments
- Cast with stress breaker attachments
- Cast, overdenture, removable

⁸(one partial upper and one partial lower denture every five *Policy* years)

Prosthodontic Services - Fixed Bridge

Pontics (one per tooth every five *Policy* years)

- Cast metal
- Porcelain
- Acrylic/plastic/composite
- Natural tooth

Retainers (one per tooth every five *Policy* years)

- Porcelain/ceramic
- Porcelain fused to metal

- Cast metal
- Metal, 3/4 cast

Other Fixed Prosthetic Services (one every five *Policy* years)

- Abutment preparation under existing partial denture clasp
- Telescoping crown unit
- Fixed porcelain prosthesis to replace a substantial portion of the alveolar process
- Retentive pins
- Splinting for extensive or complicated restorative dentistry

ORTHODONTIC BENEFITS

Prevention or correction of irregularities of the natural teeth

Exclusions and Limitations for Dental

(In addition to General Exclusions and Provisions in Sections D and E)

1. Any charge by a *Dentist* in excess of a payment made by Saskatchewan Blue Cross pursuant to this *Policy* is the responsibility of the *Insured*.
2. Major restorative benefits include replacement of dentures that are at least five years old and which cannot be made serviceable.
3. Replacement of dentures that have been lost, mislaid or stolen is not insured.
4. No benefits are payable for orthodontic services strictly for cosmetic reasons.
5. No benefits are payable for implants and/or services performed in conjunction with implants.
6. No benefits are payable for bleaching of vital teeth.
7. *Premiums* paid for Dental are non-refundable.
8. No benefits are payable for dental services performed outside of Canada.
9. If dental benefits are cancelled for any reason and subsequently reinstated, benefits will be subject to the three-month waiting period and will continue through regular coverage progression. If a *Policyholder* held dental coverage under an employer benefits plan, the waiting period will be waived and coverage grandfathered based on the number of years dental coverage was held under the previous plan, provided coverage is applied for within 60 days of termination of the previous plan.

Hospital Cash

Saskatchewan Blue Cross will pay the following amounts per *Policy* year if an *Insured* is confined to a *Hospital* on an *In-patient* basis undergoing active *Treatment* while covered under this *Policy*:

- Under the age of 65: \$100 per day up to 50 consecutive days of hospitalization
- Age 65 and over: \$100 per day up to 30 consecutive days of hospitalization

Benefit commences on:

- 1st day of hospitalization if due to an *Accident*
- 4th day of hospitalization if due to illness
- 8th day of hospitalization if due to maternity

In computing the number of days, the day of admission shall be counted

as one day but the day of discharge shall not be counted unless it is also the day of admission.

Exclusions and Limitations for Hospital Cash

(In addition to General Exclusions and Provisions in Sections D and E)

1. No benefits are payable for an illness or *Accident* resulting from:
 - Treatment of mental or emotional disorders
 - Rehabilitation or treatment of alcoholism or drug addiction
 - Any illness caused by or resulting from Acquired Immune Deficiency Syndrome or AIDS Related Complex
2. Newborn Limitation – no benefits are payable to newborn children until released from the *Hospital* following birth.
3. Recurrent Hospitalization – successive periods of hospitalization due to the same cause or related causes which start within 60 days of the prior release from *Hospital* will be deemed to be part of the same period of hospitalization and the days of hospitalization will be computed as such.

VIP Travel

Up to \$5,000,000 for reimbursement of *Eligible Expenses* incurred due to an *Emergency* while travelling outside Saskatchewan. The trip departure date must fall on or after the effective date of this benefit; coverage begins the first of the month following payment. Coverage is for the first 30 days of any one trip for the following *Eligible Expenses*:

Travel Assistance

24-hour world-wide telephone availability in any language in the event of an *Emergency* to:

- Confirm coverage and *Eligible Expenses* to a *Physician* and/or *Hospital*
- Arrange for a 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 Care

Accommodation

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

Services and Supplies

In-patient and outpatient services and supplies provided while in *Hospital*.

Health Care Professionals

Physicians

Services provided by a *Physician*.

Paramedical Services

Up to 12 *Treatments* by a chiroprapist/podiatrist, chiropractor or physiotherapist/athletic therapist.

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 and Diagnostic Services

Prescriptions

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

Diagnostic Services

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

Medical Appliances

Braces, 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 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 relief of dental pain due to an *Emergency*, excluding root canals. *Treatment* must be rendered at a location at least 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 *Insured* (including stretcher if required) by the most direct route to Saskatchewan when prior approval has been received from our medical advisors (in consultation with the attending *Physician*). This benefit also applies to an *Insured* who is travelling with the patient at the time of illness or *Accident*. If any *Insured* 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 *Insured* must be accompanied by a qualified medical attendant (not a relative), and prior approval has been received from our medical advisors (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 family member or friend to:

- Visit an *Insured* confined in *Hospital*. This benefit requires the *Insured* to have been an *In-patient* for an *Emergency* for at least seven 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 *Insured* (excluding the cost of a coffin or urn) or up to \$2,500 for cremation and/or burial of a deceased *Insured* at the place of death.

Vehicle Return

Up to \$1,000 for the return of the *Insured's* vehicle (including rental vehicle) to Saskatchewan or the nearest appropriate vehicle rental agency when the *Insured* is unable to do so due to an *Emergency*, and a travelling companion is also unable to do so.

Post-Departure Trip Interruption

Up to \$1,000 per *Insured* per *Policy* year to a maximum of \$3,000 for the most economical airfare to return the *Insured(s)* to Saskatchewan, as well as any prepaid non-refundable travel arrangements and/or accommodations in the event of:

- A serious illness or death of an *Immediate Family* member
- A delay in homeward travel due to the medical evacuation of an *Insured* to a treatment facility in Saskatchewan

Meals and Accommodation

Up to \$150 per *Insured* per day to a maximum of \$1,500 per *Insured* for commercial accommodation and meals 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 an *Insured*.

Baggage and Personal Effects

Up to \$1,000 for loss or damage to baggage or personal effects belonging to an *Insured* caused by theft, burglary, fire or transportation hazards. The maximum payable for any one item is its actual cash value or \$250, whichever is less, and is in excess of loss or damage to properties otherwise insured.

Automatic Extension of Coverage

Coverage under this *Policy* will automatically be extended without further charge to the *Policyholder* and any accompanying *Dependents* covered under this *Policy* for the period of hospitalization and up to 72 hours following:

- The discharge from *Hospital* when the return to Saskatchewan is delayed due to hospitalization and the 30-day limit expires after admission to a *Hospital*
- The expiry of the 30-day limit when the return to Saskatchewan is delayed, by order of the attending *Physician*, due to a covered illness or *Accident*
- The expiry of the 30-day limit when the return to Saskatchewan is delayed due to the delay of a common carrier (airplane, bus, taxi, train) on which an *Insured* is a passenger; or due to a traffic *Accident* or mechanical failure of a private automobile on route to the departure point.

Air Flight and Common Carrier Accident Coverage

The *Insurer's* maximum liability is limited to \$100,000 for any one *Insured* to whom a transportation ticket has been validly issued. The Air Flight and Common Carrier Accident Coverage is underwritten by *Blue Cross Life*®.

Accidental Death or Dismemberment that is a direct result of bodily injuries suffered by external, violent and accidental means (hereinafter called "such injuries") sustained by an *Insured* while riding solely as a passenger in or boarding or descending from:

- A certified passenger aircraft provided by a regularly scheduled airline

and operated by a properly certified pilot

- Any land conveyance licensed for the transportation of passengers while travelling to and from an airport immediately preceding departure or immediately following arrival of such aircraft
- Any other public conveyance, excluding air, licensed to convey passengers for hire

Principal Sum		\$100,000
Benefits for loss of:		
Life – <i>Insured or Partner</i> – <i>Dependent children</i>	100% of principal sum 20% of principal sum	
Two limbs	100% of principal sum	
Sight of both eyes	100% of principal sum	
One limb and sight of one eye	100% of principal sum	
One limb	50% of principal sum	
Sight of one eye	50% of principal sum	

The following specific definitions of loss apply to the above values:

- Dismemberment means complete severance at or above the elbow or knee joint
- Loss of sight of any eye means entire and irrecoverable loss of sight

Aggregate Limit of Liability is \$5,000,000 Canadian per aircraft or common carrier. If the total claims payable exceeds \$5,000,000 Canadian, then the *Insurer* shall pro-rate the payment.

Conditions:

- a. The *Insurer* has the right and the claimant shall afford to the *Insurer* an opportunity to examine the person of the *Insured* so often as it may be reasonably required when a claim under this insurance is pending.
- b. Any claim for indemnity under this insurance must be submitted within 90 days of the date of the *Accident* for which the claim is made and must be substantiated by a certificate from the attending *Physician* at the place of the occurrence of the *Accident* attesting to the actual injuries sustained.

Beneficiary Designation – indemnity for loss of life of the *Insured* will be payable to the *Policyholder* if living, otherwise the *Partner* if living, otherwise the Estate of the *Insured*. All other indemnities will be payable to the *Insured*.

Statutory Conditions:

Notwithstanding any other provisions herein contained, this *Policy* is subject to the statutory conditions in the Insurance Act respecting contracts of *Accident Insurance*.

Conditions for VIP Travel

1. Coverage:

- The trip's departure date must fall on or after the effective date of your *Policy*.
- Travel coverage begins when you depart from Saskatchewan.
- Travel coverage ends on the earliest of the day:
 - i. You return to Saskatchewan;
 - ii. Saskatchewan Blue Cross returns you to Saskatchewan;
 - iii. Saskatchewan Blue Cross ends coverage for a medical

Emergency as a result of your failure to comply with Saskatchewan Blue Cross' option to return you to Saskatchewan for further medical *Treatment*; or

iv. You reach the maximum trip length allowable under the plan.

- Travel coverage requires you to return to Saskatchewan when you reach the maximum eligible trip limit allowable under the plan before your benefit coverage will be provided for subsequent trips.

2. Trip Duration:

- The duration of each trip begins on the departure date and ends when you return to Saskatchewan.

3. Resolution of an *Emergency*:

- An *Emergency* no longer exists when the evidence indicates that no further *Treatment* is required at destination or you are able to return to Saskatchewan for further *Treatment*.

Exclusions and Limitations for VIP Travel

(In addition to General Exclusions and Provisions in Sections D and E)

The following exclusions and limitations apply to VIP Travel:

1. The maximum period of coverage shall not exceed 30 consecutive days for any one trip. Coverage commences the day the *Insured* leaves Saskatchewan and terminates the day the *Insured* returns to Saskatchewan.
2. No benefits are payable if an *Insured* holds a work visa from the country to which they are travelling or if an *Insured* is attending an educational institution outside Canada.
3. Situation where no benefit will be paid:
 - A trip made for the purpose of obtaining a diagnosis, *Treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
4. Situation where no benefit will be paid:
 - Any *Medical Condition* which is not *Stable* 90 days immediately preceding the departure date.
5. Situation where no benefit will be paid:
 - Any *Medical Condition* or symptoms for which it is reasonable to believe or expect that *Treatments* will be required during your trip.
6. Situation where your claim will not be paid:
 - The continued *Treatment* or recurrence of a *Medical Condition* or related condition, following *Emergency Treatment* during your trip, if our medical advisors determine that your *Emergency* has ended.
 - This also applies to the continued *Treatment* or recurrence of a *Medical Condition* or related condition where *Emergency Treatment* was received without notification to our Travel Assistance Provider and your *Emergency* has ended.
7. Situations where your claim will not be paid:
 - Any *Medical Condition*, including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs or other intoxicants whether prior to or during your trip.
 - Any *Medical Condition* arising during your trip from, or in any way related to, the abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 mL of blood, drugs or other intoxicants.

8. Situation where your claim will not be paid:
- Any *Medical Condition* that is the result of you not following *Treatment* as prescribed to you, including prescribed medication.
9. Situation where your claim will not be paid:
- Claim related to routine pre-natal or post-natal care.
 - Claim related to pregnancy, delivery, or complications of either, arising eight weeks before the expected date of delivery or eight weeks after.
10. Situation where your claim will not be paid:
- Any expenses arising where before your departure date, an official travel advisory is issued by the Canadian government, stating "Avoid non-essential travel" or "Avoid all travel" to the country, region, city or other destination (including cruise ships) that are part of your travel arrangements.
 - Any expenses arising where, during the course of your trip, a travel advisory is issued, and you do not make arrangements as soon as reasonably practicable to depart the country, region or city named in the travel advisory.

To view the travel advisories, visit the Government of Canada travel site: travel.gc.ca/travelling/advisories.

11. Situation where your claim will not be paid:
- Any claim incurred after a *Physician* advised the *Insured* not to travel
12. Situation where your benefit payments may be limited or claim will not be paid:
- You receive *Emergency Treatment* without notifying our Travel Assistance Provider.
 - You proceed with investigation, *Treatment* or surgery without pre-approval and which is not considered *Emergency Treatment*.
13. If our medical advisors determine that you should transfer to another facility or return to your home province/territory of residence for *Treatment*, and you choose not to, benefits will not be paid for further *Treatment* and coverage will be limited to unrelated events.
14. After your *Emergency Treatment* has started, our medical advisors must assess and pre-approve additional medical *Treatment*. If you undergo tests as part of a medical investigation, *Treatment* or surgery, obtain *Treatment* or undergo surgery that is not pre-approved, your claim will not be paid.
15. We will not pay a benefit with respect to non-*Emergency*, experimental or elective *Treatment* (e.g., cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
16. Travel booked or commenced after receipt of a terminal prognosis.
17. *Premiums* paid for the VIP Travel are non-refundable.
18. Payment will be made by Saskatchewan Blue Cross and/or its authorized agents 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.
19. The *Insured* agrees to assign to Saskatchewan Blue Cross and/or its authorized agents reimbursement or payment for any claims for benefits under the applicable Saskatchewan Health Insurance Act submitted by Saskatchewan Blue Cross and/or its authorized agents in respect of *Hospital* and medical benefits provided outside Canada.

20. The amount payable under VIP Travel shall not exceed \$5,000,000 (Canadian dollars) in total per *Insured*.
21. No benefits payable for suicide, attempted suicide, or intentional *Injury*, whether it is due to a psychological disorder or not.

Exclusions and Limitations for Baggage and Personal Effects

(In addition to General Exclusions and Provisions in Sections D and E)

1. Benefits are not payable for any loss or damage to automobiles, automobile equipment, motorcycles, bicycles, boats, motors or other conveyances or their accessories, household furnishings, false teeth, glasses, contact lenses, cash, securities, perishable articles, animals.
2. Benefits are not payable for breakage of fragile or brittle articles.
3. Benefits are not payable for loss or damage due to confiscation, destruction or damage by order of any government or public authority.
4. Benefits are not payable for loss or damage caused by wear and tear, gradual deterioration, moths, vermin, or while the article is actually being worked upon or processed.
5. Benefits are not payable for the loss from theft from an unattended automobile, mobile home, camper or other vehicle.
6. Benefits are not payable for sporting equipment where such loss or damage is due to the use thereof.
7. Benefits are not payable for loss or damage caused by or resulting from contamination by radioactive material.

Section D: General Exclusions

All Exclusions found in The Saskatchewan Insurance Act and any other relevant legislation are excluded from coverage under this *Policy*, as are the following:

1. Any services which are or which were covered as of June 1, 1987, by The Canada Health Act, The Saskatchewan Medical Care Insurance Act, or The Saskatchewan Hospital Services Plan.
2. We will not pay a claim if any *Insured* under this *Policy* or anyone acting on behalf of an *Insured* attempts to deceive us or makes a fraudulent, false or exaggerated statement or claim.
3. We will not pay a benefit if you are not covered under the public health plan funded by the Saskatchewan government. It is your responsibility to check that you do have this coverage.
4. Situation where your claim will not be paid:
 - Claim that results from or is related to your involvement in the commission or attempted commission of a criminal offence or illegal act.
5. Any services rendered for rehabilitation or ongoing care in connection with any substance abuse treatment program.
6. Any services in the nature of a respite or travel for health.
7. Any services rendered for cosmetic purposes.
8. Situation where your claim will not be paid:

Accident that occurs while you are participating in:

 - Any sporting activity for which you are paid;
 - Any sporting event for which the winners are awarded cash prizes;
 - Any extreme sport or activity involving a high level of risk, such as

those indicated below, but not limited to:

- Hang-gliding and paragliding;
 - Parachuting and sky diving;
 - Bungee jumping;
 - Climbing or mountaineering;
 - Kite surfing;
 - Scuba diving, outside the limits of your certification;
 - Any combat sport;
 - Any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere;
 - Any behaviour involving risk, including but not limited to:
 - Not following security requirements, not obeying warning signs;
 - Entering into restricted zones.
9. Any loss which occurs as a result of air travel unless the *Insured* is riding as a fare paying passenger on a commercial airline or charter aircraft.

10. Any 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.

Drugs means:

- Possession or consumption of any form of narcotic or chemical substance that is illegal;
 - Consumption of any prescribed or over-the-counter pharmaceutical not prescribed by a *Physician*, chiropractor, *Dentist* or physiotherapist;
 - Any prescribed or over-the-counter pharmaceutical consumed in a manner contrary to medical or manufacturer's instruction and/or cautions.
11. Any services provided by an *Immediate Family* member of the *Insured* or by a person who normally resides with the *Insured*.
12. Any dental services or products required due to implants or services in conjunction with implants.
13. Any expenses incurred due to abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
14. Situation where your claim will not be paid:

Claim related to willing participation in:

- An act of war whether declared or undeclared;
 - A riot or civil disorder;
 - Hijacking;
 - Kidnapping;
 - Terrorism;
 - And any service in the armed forces.
15. Any services or *Treatments* that contravene any legislation enacted by any government in Canada.

Section E: General Terms

Saskatchewan Blue Cross agrees to provide the benefits listed under this *Policy*, which are in addition to the benefits or services provided by the Canada Health Act, 1985, and the health services or benefits provided by the Province of Saskatchewan, both as at June 1, 1987. Any change in or to services provided by either government subsequent to June 1, 1987 shall not affect the liability of Saskatchewan Blue Cross for services hereunder.

1. No waiver of any provision of this *Policy* shall be valid unless expressly made in writing under the corporate seal of Saskatchewan Blue Cross.
2. No misstatement made by a *Policyholder* in an application for coverage may be used in defence of a claim under or to avoid the *Policy*, unless such misstatement is material.

3. Eligibility

To be eligible to purchase, and continue to be eligible for coverage under this *Policy*:

• The *Policyholder* must be:

- 16 years of age or older;
- A Saskatchewan *Resident*;
- All *Insureds* must be enrolled in the Saskatchewan Health plan and must hold a valid Saskatchewan Health plan number;
- Any *Dependent(s)* covered under this *Policy* must be related to the *Policyholder* in one of the following ways:
 - Legally married to the *Policyholder*; or
 - By continuously residing with the *Policyholder* in a common-law relationship for at least 12 months and is publicly represented as such; or
 - A child born to, adopted by, or a stepchild of, the *Policyholder* who:
 - i. Is unmarried and up to 18 years of age; or
 - ii. Is unmarried and under 25 years of age and undergoing full-time student education; or
 - iii. Is an *Incapacitated Dependent*.

4. Claims submitted for expenses incurred outside Saskatchewan shall include all requested reports pertaining to the services rendered that would assist Saskatchewan Blue Cross and/or its authorized agents in the proper assessment of the claim.
5. Saskatchewan Blue Cross and/or its authorized agents shall not be obligated to provide reimbursement for any charges for services until such time as it has received and assessed all records and reports and has approved all requests for payment.
6. The *Insured* shall cooperate fully with Saskatchewan Blue Cross and/or its authorized agents in the assessment of any claim made by or on the behalf of the *Insured*.
7. Saskatchewan Blue Cross and/or its authorized agents has the authority to obtain the *Insured's* pertinent medical records and information from any *Physician*, *Dentist*, *Hospital*, clinic and from Saskatchewan Health (including the Saskatchewan Prescription Drug Plan).
8. Saskatchewan Blue Cross shall have the right to inspect or audit any claim submitted by the *Insured* and also reserves the right to inspect or audit the health records of the *Insured* held in the files of a *Provider*.

9. Saskatchewan Blue Cross may suspend or terminate the rights and benefits of the *Insured* when deemed necessary in the event of a claim discrepancy or claim abuse investigation, and/or in the pursuit of criminal charges or disciplinary action undertaken by Saskatchewan Blue Cross.
10. Saskatchewan Blue Cross and/or its authorized agents shall not provide reimbursement for any charges recoverable by the *Insured* under any governmental or legislated plan, nor for any services an *Insured* is entitled to receive at no cost to him/her under any governmental or legislated plan.
11. After any benefit payable by Saskatchewan Health, Worker's Compensation Board, or auto insurance has been determined, if the *Insured* is simultaneously eligible for similar benefits under any other non-governmental plan, the remaining *Eligible Expenses* will be coordinated with those other contracts or plans as follows:
 - For expenses incurred within Saskatchewan, if any other plan does not contain a coordination of benefits provision, the benefits payable under that plan will be determined first. If any other plan contains a coordination of benefits provision, payment of benefits will be coordinated in the following order:
 - Other than as a *Dependent*
 - As a *Dependent Partner*
 - As a *Dependent* child of the parent who has their birth day earliest in the calendar year

When an order of benefit determination is not established, the benefits shall be prorated between or among the plans in proportion to the amounts that would have been paid under each plan had there been coverage by just that plan.

 - For *Emergency* expenses incurred outside Saskatchewan, the VIP Travel benefits and the Out-of-Saskatchewan (Within Canada) Emergency Benefits are secondary plans and are "excess to all others." *Eligible Expenses* will be coordinated equally with any other plans that are "excess to all others."
12. 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 *Insured* receiving such payment may have against any person or organization. Such *Insured* 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.
13. If benefits have been paid under this *Policy* and thereafter it is established that the charges reimbursed, or part thereof, were not paid by or on behalf of the *Insured*, or that the *Insured* has otherwise been reimbursed therefor, the *Policyholder* shall forthwith on demand reimburse Saskatchewan Blue Cross for the amount of benefits so paid by Saskatchewan Blue Cross.
14. The amount of benefits payable under this *Policy* shall be calculated as at the time the service was provided.
15. The *Policy* of an *Insured* shall be cancelled automatically if the *Insured* obtains, attempts to obtain, or aids any person in obtaining or attempting to obtain, by fraud or false pretences, any benefit hereunder. Upon such termination the right of such *Insured* to any benefits hereunder shall be forfeited.
16. An *Insured* who is unsatisfied or disagrees with the outcome of a claim may challenge the decision by submitting a written request that outlines the basis for appeal. The request should be addressed to Appeals, Health & Dental Claims within three months from the date of the initial claim decision. If unsatisfied with the appeal decision, a subsequent challenge may be submitted in writing to the Manager, Health & Dental Claims within three months from the date of the initial appealed decision.
17. Any notice hereunder shall be sufficiently given if delivered by hand to Saskatchewan Blue Cross at 516 2nd Avenue North, or mailed by prepaid post to Saskatchewan Blue Cross at PO Box 4030, Saskatoon SK S7K 3T2 or to the *Policyholder* at the last address given by the *Policyholder* on his/her application.
18. Claims must be submitted within 12 months of date of service.
19. Saskatchewan Blue Cross reserves the right to decline coverage for an applicant, *Partner* or *Dependent* based on medical evidence.
20. Assignment of Benefits in this *Policy* is valid only if agreed to by Saskatchewan Blue Cross.
21. In the case of delayed dental procedures related to an Accidental Dental claim under the Core Health or VIP Travel benefits, coverage must be continuous and the *Policy* must be in force at the time of service to receive payment.
22. In no event will *Eligible Expenses* include charges for services, *Treatments*, or supplies that are not *Reasonable and Customary* for the care and *Treatment* of an illness or *Accident*, or that would not be incurred except for the existence of this *Policy*.
23. All amounts referred to in this *Policy* are in Canadian currency.
24. Changes to the status of a *Policy* due to birth must be reported to Saskatchewan Blue Cross within 60 days. If notification is not received within 60 days, the newborn(s) will be subject to medical review.
25. All members of a family must apply for coverage.
26. Claims with respect to a pre-existing condition are not eligible unless the condition is disclosed on the application and approved by Saskatchewan Blue Cross.
27. Saskatchewan Blue Cross products are underwritten by a variety of underwriters.
For more information, visit sk.bluecross.ca/underwriting.
28. Termination of coverage:

It is the responsibility of the *Policyholder* to notify Saskatchewan Blue Cross if they no longer meet the eligibility requirements or of their intent to terminate this *Policy*. Termination requests must be made in writing. The request must include the date it was written and clearly indicate that the *Policyholder* wants to terminate coverage under this *Policy*. Saskatchewan Blue Cross will not approve back-dated termination requests.

Unless otherwise indicated in this *Policy*, coverage terminates on:

 - The last day of the month in which the *Policyholder* or *Dependent* no longer meet the eligibility requirements;
 - The last day of the month following the month in which Saskatchewan Blue Cross receives written request to end coverage from the *Policyholder*;
 - The date this *Policy* terminates;

- The date of the *Insured's* death; or
- The final due date for any unpaid *Premium*.

Saskatchewan Blue Cross will only refund *Premium* paid for coverage extending beyond the termination date of the *Policy*. *Premiums* are not pro-rated for partial periods and are payable in full one-month periods.

29. *Premium* and payment:

- The *Premium* is determined by Saskatchewan Blue Cross and is based on the age of the oldest *Insured* covered under the *Policy*.
- All *Premium* must be paid in advance of the benefit period on the date specified by Saskatchewan Blue Cross.
- Saskatchewan Blue Cross is not responsible for any payment expense or administration fee incurred by you in relation to this *Policy*.
- *Premiums* are not pro-rated for partial periods and are payable in full one-month periods.
- You agree to pay administrative fees to cover costs incurred in the administration of this *Policy*.

Such fees may include, but are not limited to, expenses related to non-sufficient funds (NSF), banking transactions, document printing, postage, *Policy* suspension or reinstatements, or any other services provided by Saskatchewan Blue Cross that are not explicitly covered under the *Premium*.

Saskatchewan Blue Cross shall provide notice of such fees, including the applicable amount or method of calculation, as deemed reasonable under the circumstances. These fees are subject to change at Saskatchewan Blue Cross' discretion.

30. The *Policyholder* has 14 days from the day the *Policy* confirmation is received to cancel without penalty. The *Policy* will be considered null and void and any *Premium* paid up to the end of the 14-day evaluation period will be refunded provided no claim has been incurred. If a claim has been paid, the amount must be repaid to Saskatchewan Blue Cross less the *Premium* amount before the *Policy* will be deemed null and void.
31. Saskatchewan Blue Cross reserves the right to individually establish or amend *Premium* rates, benefit provisions and/or terms and conditions upon application or renewal or with 30 days advance notice.
32. Saskatchewan Blue Cross may, at Saskatchewan Blue Cross' sole discretion, and upon receiving a written request and payment of *Premium*, reinstate coverage that was suspended or terminated. Acceptance of any payment of the applicable *Premium*, after the suspension or termination of coverage, will not reinstate the coverage until Saskatchewan Blue Cross has agreed to reinstate coverage.
33. Saskatchewan Blue Cross is committed to respecting and safeguarding personal information entrusted to Saskatchewan Blue Cross. Saskatchewan Blue Cross and Saskatchewan Blue Cross' Travel Assistance Provider and third-party *Providers* will comply with all applicable privacy legislation. Saskatchewan Blue Cross has a privacy code which governs Saskatchewan Blue Cross' collection, use and disclosure of personal information (including personal health information).

A copy of Saskatchewan Blue Cross' current privacy code is available from Saskatchewan Blue Cross on request or on Saskatchewan Blue Cross' website at sk.bluecross.ca/legal/privacy/.

By becoming Saskatchewan Blue Cross' customer or filing a claim for

benefits, you agree to allow your personal information to be collected, used and disclosed in accordance with Saskatchewan Blue Cross' privacy code.

Section F: Claims

Submit a claim anywhere, anytime. Get your money faster! Submit your claims using an approved online claim submission method. For details, visit sk.bluecross.ca.

Alternatively, claim forms may be downloaded at sk.bluecross.ca, or obtained by contacting an office of Saskatchewan Blue Cross, as listed on the back cover of this brochure. Please complete the form and return to Saskatchewan Blue Cross with itemized receipts. Receipts will not be returned; retain copies prior to submission.

For expenses related to a medical *Emergency* while travelling outside your province of residence, complete a Travel Insurance Claim Form, available at sk.bluecross.ca/forms. All *Emergency* out-of-province/Canada claims are processed and managed by our Travel Assistance Provider.

Certain benefits require that a *Physician's* letter or prescription be submitted with the initial claim. Please check the appropriate section of this *Policy* booklet for details.

Proof of claim must be submitted to Saskatchewan Blue Cross within 12 months of the date of service. Claims incurred by a *Dependent*, 18 years or older, must be supported by proof of student status.

Claims for Air Flight and Common Carrier Accident coverage require documentation that includes the *Insured's* name, address, flight number for which the claim is being made, and the agency where the ticket was purchased.

Payment will be made by Saskatchewan Blue Cross and/or its authorized agents directly to the *Policyholder*, Estate, *Beneficiary* or *Provider*.



Empowering healthy lives.

GET IN TOUCH

Our business hours are 8:30 a.m. to 5:00 p.m., M – F.
In-person service hours are 9:00 a.m. to 4:00 p.m., M – F.

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Contact your local insurance advisor

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