



Member Portal & App User Guide

February 2025

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Introduction

The journey to whole health & wellness starts here!

Welcome to your new Saskatchewan Blue Cross coverage. When you put your insurance needs in our hands, you can feel confident knowing we have a strong history of serving our community and enabling the health and wellness of Saskatchewan residents. As a Saskatchewan Blue Cross member, you'll have access to a wide range of benefits, services, tools and resources to support you in living your best life.

Manage your plan - anywhere, any time. Access plan information, check coverage amounts, submit claims, and so much more! Your member portal and mobile app makes managing your plan a breeze. Once registered, you can use your portal and mobile app to:

- Submit claims The fastest and easiest way to submit claims. Select 'Submit a Claim'. We'll automatically include your name and policy information, so you'll just need to upload your receipt.
- View recent claims, their amounts and status
- Search coverage and benefit details, including prescription drugs never again wonder how much massage coverage you have left to use.
- Set up direct deposit Receive your claim reimbursements even faster by signing up for direct deposit.



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Logging-In

Visit <u>www.sk.bluecross.ca</u> and click LOGIN found within the navy toolbar. Select Member Portal from the dropdown menu.



Or use the direct link found here: https://portal.sk.bluecross.ca/MemberPortal/

The Member Portal will open in a new window.





First Time Users

First time users are directed to click Register and follow the registration instructions.

Policy number * 📀
Last name *
Email address *
CREATE ACCOUNT

Returning Users

Simply enter your Email and Password, along the left side of the screen and click Log In.

Forgot your Password? Click the Forgot your Password link, enter in your email address and click Change Password. A secure email will be sent with instructions on how to set a new password.





Main Navigation & Landing Page

The Member Portal is an all-in-one platform for members to view coverage, submit claims, manage their plan and so much more! Members will be welcomed to their user-friendly, interactive site.

HOME MY COVERAGE CLAIMS V D	DCUMENTS & FORMS \vee PRACTITION	ER SEARCH NEED HELP? V Policy:	🛓 My Account (Ail) 🗸 😧 Français
Your Secure M	ember Portal	Welcome ALI JONES	Manage my account >
Notification centre You are up to date.			
Quick actions			
SUBMIT A CLAIM	MEMBER CARD	BENEFITS BOOKLET	MEMBER PERKS

Notification Centre

Notifications, Announcements and Alerts can be viewed and acknowledged here. Member will also receive email notices when there is activity or action required in the Member Portal or App.





Quick Links

Quick Links are shortcuts that give Members direct access to frequently used features or resources.





My Account

The My Account section is where members can easily view and update portal account details and change your password.

	UMENTS & FORMS \vee PRACTITION	ER SEARCH NEED HELP? V	My Account (Ail) A	is
Your Secure Me	mber Portal	Welcome ALI JC	Member card	
You are up to date.				
Quick actions				
SUBMIT A CLAIM	MEMBER CARD		MEMBER PERKS	
Manage my account Welcome ALI JONES ID: Policy:				
Account information	Claim reim	nbursements	Security & settings	
Personal information	> Direct deposit	>	Change your password	>
People on my plan	>		Delete account	>
Member card	>			
Link my other ID number	>			



Personal Information

Members can view and update their mailing address and phone number.

Home > Manage my account > Personal information	
Personal information	
Contact information	Account email 🧕
Address 516 SECOND AVE N SASKATOON SK S7K3T2	This is the email you'll use to log into your account and how we'll communicate with you about your claims and coverage.
Phone	Current email
(306) 123-1234	mmbdemo@gmail.com
EDIT	

People on my Plan

Members can view the people on their plan.

ome > Manage my accoun	People on my plan	
People on my p	lan	
Name	Date of Birth	
ALI JONES	05 Apr 1970	
RYAN JONES	09 Oct 1971	
Need to make some	e changes to the people on your plan?	
Currently, we are not abl	e to make changes to dependents and people on your plan online.	
For Group Plan Member	s, please contact your Plan Administrator or HR Representative.	
For Personal Health Plan	Members please contact our Member Experience Centre at 1-800-667-6853.	



Member Card

Members can view, download or email their member card. If using the App version, they can also download a digital version to their phone's wallet.

	Covered on this plan:		
ALI JONES	Person ID	Name	
Identification Number			
Policy Number			
		EMAIL CARD	DOWNLOAD CAR
Want to share your card another w	vay or save it to your phone's wallet?		
You can access a digital version of your card usi	ng the mobile app (available for IOS and Android).		
······································			

Link my other ID number

If you are a member of multiple ID numbers with Saskatchewan Blue Cross you can link your plans here. This will allow a single login and the ability to switch between accounts within your portal experience.

ome > Manage my account > Link my o	ther ID number
ink my other ID nu	mber
If you are the cardholder of multiple I between accounts within your portal	D numbers with Saskatchewan Blue Cross you can link your plans together with one login and switch
My linked ID number	5
ID number	Policy number
105378	57412
ID number	Policy number
	CANCEL

Direct Deposit

Members can view and update their banking information that is used for claims reimbursement.



Direct deposit		
How is my direct deposit information managed? 2	_	
Branch/Transit number		
00002		
Bank/Institution number		
003		
Account number		
XXXXXXX7890	001 00002 00	3 4567 890
XXXXXXX7890 EDIT	Branch/Transit	3 4567 890 Account
EDIT OPT OUT OF DIRECT DEPOSIT	Branch/Transit (5 digits)	3 4567 890 Account (7-12 digits)
EDIT OPT OUT OF DIRECT DEPOSIT	Branch/Transit (5 digits) Bank/Inst	3 4567 890 Account (7-12 digits) titution
EDIT OPT OUT OF DIRECT DEPOSIT	Branch/Transit (5 digits) Bank/Inst (3 digit	3 4567 890 Account (7-12 digits) titution ts)
EDIT OPT OUT OF DIRECT DEPOSIT	Branch/Transit (5 digits) Bank/Inst (3 digit Don't have a cheque?	3 4567 890 Account (7-12 digits) titution ts)

Change your password

Members can change their password by following the password requirements listed on the screen.

ne > Manage my account > Manag	e communication preferences		
Change Password			
Current Password*	New Password*	Confirm Password*	
	۲	۲	۲
Password requirements:			
Must be between 8 and 50 characte	ers		
At least one lower case character			
At least one upper case character			
📀 At least one number			
-		CANC	EL



My Coverage

Members can view their coverage and benefit details. The screen is arranged by benefit and is expanded to provide benefit descriptions, coverage amounts and maximums. There is also the ability to toggle between people on the plan.



Extended health benefits

Q Search			
Accidental Dental Treatment	>	Coverage for: RICHARD MACGR V Benefit description	Claim requirements Standard Requirements
Acupuncturist	>	Charges for dental Treatment when natural teeth have been damaged by a direct, accidental blow to the mouth.	Your submission should include itemized receipts or invoice which include the following: • Patient's name
Ankle / Foot Orthosis (afo)	>	View your policy booklet>	Date(s) of purchase/service Description of the product/service Name, location, professional designation of the
Ankle Brace	>	Jan 01 2025 - Dec 31 2025 *Please note: The coverage period displayed may not reflect affective dates of coverage for	Amount charged
Arm Brace	>	changes made midyear (i.e. adding/removing coverage). Claims incurred prior to your effective date are not eligible for reimbursement.	Please note: If expenses have been claimed under another source of coverage, a detailed Explanation of Benefits (EOB) statement from their benefit consideration must also be included
Athletic Therapist	>	Coverage Amount 80%	



There is also a Benefit Accumulator that shows the benefit usage and amount remaining.





Drug Coverage Search

Members can check if a particular drug is eligible on their plan by searching by drug name or Drug Identification Number (which is a numerical identifier included on your prescription).





Practitioner Search

Members can search a wide variety of practitioners based on type, location and the ability for practitioners to direct bill on your behalf.

HOME MY COVERAGE CLAIMS ~ E	OCUMENTS & FORMS V PRACTITIONE	R SEARCH NEED HELP? V	Policy:
Home > Practitioner search Practitioner search			
Type of practitioner*	Health professional name		
Chiropractor 🗸			
Address*	City*	Province*	Search Radius
516 2nd ave N	Saskatoon	Saskatchewan	✓ 1 km 5 km 10 km 25 km
Payment options			
Direct bill only	All		SEARCH
me > Practitioner search > Practitio Cactitioner search res sults for: CHIROPRACTOR - Saskatoon	ner search results		ount bound Kintellion.
me > Practitioner search > Practitio ractitioner search res sults for: CHIROPRACTOR - Saskatoon IRO TEST 2ND AVE N SASKATOON SK 5) 667-5803 EXT	ner search results sults	Biaine Lak Hafford a 12 Maymont Radisson	Duck Lake 2 5 5 Kinistino 1
me > Practitioner search > Practitio ractitioner search res sults for: CHIROPRACTOR - Saskatoon IRO TEST > 2ND AVE N SASKATOON SK 6) 667-5803 EXT 1 m	exults	Biaine Lak Hafford a Waymont Radisson Sonningdale Langham Ma Sas Langham Ma Sas Langham Ma Sas Langham Ma Sas Langham Ma Sas Langham Ma Sas Langham	Duck Lake Duck Lake Rosthern Hague Cudworth Hague Cudworth

When using the App, members will have the opportunity to link the search results to their navigation feature on their smartphone.



Claims

Submit a Claim

Claims can be submitted through this integrated and secure platform. Members are guided through the claims submission process regardless of the claim type.

			My Account (All) V V Français
OME MY COVERAGE CLAIMS V DOCU	JMENTS & FORMS V PRACTITION	ER SEARCH NEED HELP? V Policy: L	OGISTIC OFFICE SPACES
	as have Davidal	Welcome ALI JONES	
Your Secure Me	mber Portal		
		ID: 105378 Policy: 57412	Manage my account >
Notification centre			
You are up to date.			
Outobastians			
Quick actions			
		L3	
	MEMBER CARD		MEMBER PERKS
		DENEINI DOONLEI	
ubmit a claim: Extend	led health		3
ubmit a claim: Extend 1 claim details	led health °	2)	3 Attach receipts
ubmit a claim: Extend (1) Claim details	led health °	2 ther coverage	3 Attach receipts
ubmit a claim: Extend Claim details Claim details Are any of these claimed expenses the result of a	ied health o motor vehicle or workplace injury? *	2 ther coverage	3 Attach receipts
ubmit a claim: Extend Claim details Claim details ve any of these claimed expenses the result of a Yes	ied health o motor vehicle or workplace injury?* No k	2 ther coverage	3 Attach receipts
ubmit a claim: Extend (1) Claim details Claim details are any of these claimed expenses the result of a Yes Date of service*	ied health o motor vehicle or workplace injury?* No &	2 ther coverage	3 Attach receipts
Laim details re any of these claimed expenses the result of a Yes Ves Ves	ied health o motor vehicle or workplace injury?* No	2 ther coverage	3 Attach receipts
ubmit a claim: Extend I Claim details Claim details are any of these claimed expenses the result of a Yes Ves DD/MM/YYYY	ied health motor vehicle or workplace injury?* No No	2 ther coverage	3 Attach receipts
Laim details Laim details Ves DD/MM/VYY Enter full cost*	ied health o motor vehicle or workplace injury? * No &	2 ther coverage	3 Attach receipts
ubmit a claim: Extend (1) Claim details Claim details Are any of these claimed expenses the result of a Yes Date of service* DD/MM/YYYY Enter full cost*	ied health o motor vehicle or workplace injury?* No	2 ther coverage	3 Attach receipts
ubmit a claim: Extend I Claim details Claim details Are any of these claimed expenses the result of a Yes Date of service* DD/MM/YYYY Enter full cost*	ied health o motor vehicle or workplace injury? * No No	2 ther coverage	3 Attach receipts
ubmit a claim: Extend	ed health motor vehicle or workplace injury?* No No No No No No No No No N	2 ther coverage	3 Attach receipts
Image: strain of the sector	ied health	2 ther coverage	3 Attach receipts
ubmit a claim: Extend 1 Claim details Claim details re any of these claimed expenses the result of a Yes hate of service* DD/MM/YYYY inter full cost* as a portion of this claim been paid by another p Yes	ied health or motor vehicle or workplace injury?* No No policy or government program?* No No	ther coverage	3 Attach receipts



()	(2)	(3)
Claim details	Other coverage	Attach receipts
im Details		
is the claim for?* Who is th	nis for?*	
lect v Select	×	
we services on more than one date? Pleas	se submit a separate claim for each visit.	
		BACK
> Submit a claim > Extended H	ealth	
mit a claim: Exten	ded health	
0	(2)	3)
Claim details	Other coverage	Attach receipts
or any of your covered dependents have	a other coverage not previously reported, or chapters to other coverage p	araviously reported? *
a of any of your covered dependents have	e officer coverage not previously reported, or changes to other coverage p	neviously reported:
Ves	O No	
	\searrow	
		BACK
		BACK
 Submit a claim > Extended He 	l⊋ halth	BACK
Submit a claim > Extended He	balth ded health	BACK
Submit a claim > Extended He	halth ded health	BACK
Submit a claim > Extended He mit a claim: Extend Claim details	alth ded health	BACK N
Submit a claim > Extended He mit a claim: Extended 1 Claim details	Raith ded health Other coverage	BACK N
Submit a claim > Extended He mit a claim: Extend Claim details	The state of the s	BACK N 3 Attach receipts
Submit a claim > Extended He mit a claim: Extende Claim details claim details cor best results, make sure your image is	Enalth ded health 2 Other coverage uch as itemized receipts, claims forms, prescriptions or claim statement tright and sharp. Poor quality images or invalid information could lead main 2	3 Attach receipts ts from any other carrier(s). to delays.
Submit a claim Extended He Claim: Extended He Claim details Claim deta	alth ded health 2 Other coverage uch as itemized receipts, claims forms, prescriptions or claim statement ibright and sharp. Poor quality images or invalid information could lead mint?	3 Attach receipts ts from any other carrier(s). to delays.
Submit a claim > Extended He mit a claim: Extende Claim details claim details ch pictures of the required documents (su cor best results, make sure your image is at Documents do I need to Sub	The statch ded health 2 Other coverage Unch as itemized receipts, claims forms, prescriptions or claim statement to bright and sharp. Poor quality images or invalid information could lead Immit? ?	3 Attach receipts ts from any other carrier(s). to delays.
Submit a claim > Extended He mit a claim: Extende Claim: Extende Claim details Claim details Claim details Cor best results, make sure your image is at Documents do I need to Sub	alth ded health 2 Other coverage uch as itemized receipts, claims forms, prescriptions or claim statement toright and sharp. Poor quality images or invalid information could lead Immit? 3	3 Attach receipts ts from any other carrier(s). to delays.
Submit a claim > Extended He mit a claim: Extended I Claim details ch pictures of the required documents (su or best results, make sure your image is at Documents do I need to Sub	Health ded health uch as itemized receipts, claims forms, prescriptions or claim statement ibright and sharp. Poor quality images or invalid information could lead Imit?	3 Attach receipts ts from any other carrier(s). to delays.
Submit a claim Extended He Claim: Extended He Claim: Extended Claim details Claim details Claim details Cor best results, make sure your image is at Documents do I need to Sub	alth ded health 2 Other coverage uch as itemized receipts, claims forms, prescriptions or claim statement ibright and sharp. Poor quality images or invalid information could lead imit? Drag & drop file or ADD DOCUMENTS	(3) Attach receipts ts from any other carrier(s). to delays.



Thank you for submitting your claim

Travel Claims are submitted by a direct link to our travel coverage provider.

Disability Claims can be submitted using the <u>Document Upload</u> feature.

View Claims History

BLUE CR	OSS'				*	My Account (Ail) 🗸	Français
HOME MY COVE	RAGE CLAIMS	DOCUMENTS & FC	DRMS V PRACTITIONER	SEARCH NEED HELP?	 Policy: LOGI 	STIC OFFICE SPACE	S
Home > Claims	history SUBMI						
Claims hi	story						
Don't see a claim yo If you've submitted	ou've recently submi a claim to us and it's	tted? : not showing up here, our	claims analysts may not have	had a chance to review it ye	t.		
Service start date	* 5	Service end date*					
DD/MM/YYYY	m	DD/MM/YYYY	**				
If you need to acce	ess claims history fro	m more than two years pri	or, please contact us.				
Who is it for?		Benefit Category	Status				
All	~	All	✓ All	~	SEARCH	RESI	ET
ALI JONES	5					Date of Bi	rth: 05 Apr 1970
Service date 🗘	Date processed	Benefit description	on 🗘 Payment type 🗘	Submitted amount 🗘	Blue Cross paid 🗘	Status ≑	Details
14 Jan 2025	03 Feb 2025	Health	Member	\$100.00	\$0.00	Processed	View More
14 Jan 2025	03 Feb 2025	Health	Member	\$150.00	\$0.00	Processed	View More
Total				\$250.00	\$0.00		
Grand total				\$250.00	\$0.00		



×

By clicking View More, along the right-hand side, the member will be provided with Claims Details to view or download.

Payment info	ormation						
Date processed 📀	03 Feb 2025						
Paid to	Member						
Payment type	Member						
Payment amou	nt \$0.00						
Payment amou	nt \$ 0.00						
Payment amou	nt \$0.00 Denefits						
Payment amou alculation of L	nt \$0.00 Denefits 1970						
Payment amou alculation of k	nt \$0.00 Denefits 1970 Submitted amount @	Eligible amount 🗧	Benefits description	Deductible 🗢	Coverage % 😧 🌣	Blue Cross paid	EOF
Payment amou	nt \$0.00 Denefits 1970 Submitted amount \$	Eligible amount 🗧	Benefits description	Deductible ÷	Coverage % 9	Blue Cross paid 🔅	EOE
Payment amou alculation of t I JONES - 05 Apr Service date 14 Jan 2025	nt \$0.00 Denefits 1970 Submitted amount \$ \$150.00	Eligible amount 🗢 \$0.00	Benefits description CHIROPRACTOR	Deductible 🗘 \$0.00	Coverage % <table-cell> 🗘</table-cell> 0%	Blue Cross paid 👙	EOF 11
Payment amou alculation of k I JONES - 05 Apr Service date = 14 Jan 2025	nt \$0.00 Denefits 1970 Submitted amount \$ \$150.00	Eligible amount ÷ \$0.00	Benefits description CHIROPRACTOR	Deductible = \$0.00	Coverage % 🖗 🗢 0%	Blue Cross paid ÷	EO E 11



Documents & Forms

Find a Document

Members have access to a variety of documents & forms at their fingertips.

Upload a Document

This secure document sharing feature allows Members to easily and safely exchange documentation directly through the Member Portal. Members can upload, receive and manage documents with Saskatchewan Blue Cross.



Contact Us

Can't find what you're looking for here? We're just a phone call away. Our Member Experience representatives are happy to assist you with any questions you have.





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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