



# Retiree

## Personal Health Plan

### POLICY DETAILS

June 1, 2025

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# Welcome

Thank you for choosing Saskatchewan Blue Cross for your benefit needs and for being a valued Saskatchewan Blue Cross member.

Your coverage will depend on the type of coverage purchased as indicated on the *Confirmation of Coverage*. It is important that you read this *Policy* carefully, as your coverage may be subject to certain terms, limitations or exclusions.

Your satisfaction is Saskatchewan Blue Cross's priority. If you are not satisfied with this *Policy*, the *Policyholder* may send Saskatchewan Blue Cross a written request to cancel within 14 days of purchase. In such a case, Saskatchewan Blue Cross will refund, without interest, any amount paid, provided you have not received reimbursement for any claims, departed on a *Trip* or experienced an event that would cause you to submit a claim under this *Policy*. No refunds are available if a claim has been paid, incurred or reported. In such a case, the *Policy* will be rescinded and any claims paid by Saskatchewan Blue Cross will be a debt due by the applicant to Saskatchewan Blue Cross.

If you have any questions about your benefits, please contact Saskatchewan Blue Cross toll-free at 1-800-667-6853 or online at [www.sk.bluecross.ca/contact-us](http://www.sk.bluecross.ca/contact-us).

## IMPORTANT NOTICE – PLEASE READ YOUR POLICY CAREFULLY

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

This *Policy*, together with your *Confirmation of Coverage* and any amendments, constitutes the entire *Policy* between Medical Services Incorporated, hereinafter referred to as Saskatchewan Blue Cross (SBC). This *Policy* contains italicized words which indicate they are defined terms. These words are defined in the Definitions section of this *Policy*.

## Travel Benefits

VIP Travel benefits are designed to cover losses arising from a sudden and unforeseeable *Emergency* while travelling. VIP Travel benefits do not cover follow-up or recurrent care. SBC wants you to understand what your *Policy* includes, what it excludes, and the coverage limits of the *Policy*. Please take time to read through your entire *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 as set out in the *Policy*.
- No claims are payable for any *Medical Condition* which is not *Stable* 90 days immediately preceding your departure date.
- 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.

**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*.

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 SBC's Travel Assistance Provider at the earliest opportunity. If your condition does not require immediate medical attention, SBC recommends that you contact the emergency assistance number prior to seeking *Treatment*.

## 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 [www.sk.bluecross.ca](http://www.sk.bluecross.ca).



## Schedule of Benefits

All benefits listed are per *Insured per Policy Year* unless otherwise stated. Please note that this is only a summary of the benefits covered under this *Policy*.

|   | BASIC  | CLASSIC   | ENHANCED   |
|---|--|---|--|
| <b>EXTENDED HEALTH</b>  |  |   |  |
| <b>Health benefits</b>  | \$7,500 maximum per <i>Insured</i> , per <i>Policy Year</i> (excluding VIP Travel) |   |  |
| Accidental dental   | \$2,000  | \$2,500   | \$3,000  |
| Ambulance   | 100% <i>Emergency</i> transport; 50% return or no transport                        |   |  |
| Blood pressure monitors   | One monitor every five <i>Policy Years</i>   |   |  |
| Braces  | Not included   | 70%<br>\$750 per two <i>Policy Years</i>  | 70%<br>\$750 per two <i>Policy Years</i>   |
| Breast prostheses   | Not included   | \$325 (single) per two <i>Policy Years</i><br>\$650 (double) per two <i>Policy Years</i>  | \$325 (single) per two <i>Policy Years</i><br>\$650 (double) per two <i>Policy Years</i> |
| Compression stockings   | Not included   | Two pairs   | Two pairs  |
| Custom foot orthotics and orthopaedic shoes   | Not included   | \$300 per two <i>Policy Years</i>   | \$300 per two <i>Policy Years</i>  |
| Diabetic equipment  | Not included   | \$500 per five <i>Policy Years</i>  | \$500 per five <i>Policy Years</i>   |
| <b>Health practitioners</b>   |  |   |  |
| Acupuncturist, athletic therapist, chiroprapist, chiropractor, dietitian, homeopath, massage therapist, naturopath, osteopath, podiatrist, physiotherapist, reflexologist | Not included   | 80%<br>\$500 combined   | 80%<br>\$750 combined  |
| Speech language pathologist / audiologist   | Not included   | \$300 combined<br>\$80 per visit  | \$500 combined<br>\$80 per visit   |
| Hearing aids  | Not included   | \$800 per four <i>Policy Years</i>  | \$1,000 per four <i>Policy Years</i>   |
| Hospital beds   | Not included   | \$1,000 per lifetime  | \$1,500 per lifetime   |
| Hospital cash   | Not included   | \$20 per day<br>20 days per <i>Policy Year</i>  | \$20 per day<br>30 days per <i>Policy Year</i>   |
| Mastectomy bras   | Not included   | \$50 per bra<br>Two per <i>Policy Year</i>  | \$50 per bra<br>Two per <i>Policy Year</i>   |
| Medical aids  | \$250  | \$250   | \$250  |
| <b>Mental wellness benefits</b>   |  |   |  |
| Counselling services (clinical psychologist, counsellor, registered social worker)  | \$450 combined<br>\$75 per visit   | \$600 combined<br>\$75 per visit  | \$750 combined<br>\$75 per visit   |
| Individual Assistance Program   | Included in all plans  |   |  |
| Mobility aids   | \$250  | \$250   | \$250  |
| Ostomy supplies   | Not included   | \$1,200   | \$1,200  |
| Oxygen and equipment  | Not included   | \$500   | \$500  |
| PAP machine and supplies  | Not included   | \$350   | \$500  |
| Preferred Hospital accommodations   | \$1,000  | \$2,000   | \$3,000  |
| Private duty nursing  | Not included   | \$2,500   | \$5,000  |
| Prosthetics   | Not included   | \$3,000 per three <i>Policy Years</i>   | \$5,000 per three <i>Policy Years</i>  |
| Virtual Care  | Included in all plans  |   |  |
| Vision care   | Eye exams and eyewear:<br>\$150 combined per two <i>Policy Years</i>               | Eye exams: \$75 per two <i>Policy Years</i><br>Eyewear: \$150 per two <i>Policy Years</i> | Eye exams: \$75 per <i>Policy Year</i><br>Eyewear: \$250 per two <i>Policy Years</i>     |
| Walkers   | \$250 per five <i>Policy Years</i>   | \$250 per five <i>Policy Years</i>  | \$250 per five <i>Policy Years</i>   |
| Wheelchairs / motorized scooters  | Not included   | \$1,500 per three <i>Policy Years</i>   | \$1,500 per three <i>Policy Years</i>  |
| Wigs and hairpieces   | Not included   | \$500 per two <i>Policy Years</i>   | \$500 per two <i>Policy Years</i>  |
| <b>Travel benefits</b>  |  |   |  |
| VIP Travel (In Canada and Out of Canada)  | \$5,000,000<br>30 days per <i>Trip</i><br>90-day stability clause                  | \$5,000,000<br>30 days per <i>Trip</i><br>90-day stability clause                         | \$5,000,000<br>65 days per <i>Trip</i><br>90-day stability clause                        |
| <b>PRESCRIPTION DRUG</b>  |  |   |  |
| Includes Exception Drug Status (EDS) <i>Drugs</i> , diabetic supplies, smoking cessation and vaccines   | 70% up to \$1,000 per <i>Policy Year</i><br>No deductible                          | 75% up to \$2,000 per <i>Policy Year</i><br>No deductible                                 | 80% up to \$3,000 per <i>Policy Year</i><br>\$6 deductible per eligible prescription     |
| <b>DENTAL (OPTIONAL)</b>  |  |   |  |
| Maximum   | \$750  | \$1,500   | \$2,000  |
| Basic dental services   | 70%  | 75%   | 80%  |
| Major dental services   | Not included   | 50%   | 50%  |



## Health Benefits

Subject to the General Conditions and Exclusions of this *Policy*, SBC will reimburse *Eligible Expenses* incurred by you for the following benefits. All *Eligible Expenses* are subject to the coverage level you have selected, as listed on your *Confirmation of Coverage* and the corresponding co-insurance, reimbursement levels, and benefit maximums specified below.

The total annual maximum for extended health claims is \$7,500 per *Insured* per *Policy Year* (excluding VIP Travel claims). All *Eligible Expenses* must be incurred in Canada unless otherwise stated.



Extended health claims must be submitted within 12 months of the date of service. Claims incurred are subject to *Reasonable and Customary* charges.

### 1. 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.

| BASIC                          | CLASSIC                        | ENHANCED                       |
|--------------------------------|--------------------------------|--------------------------------|
| \$2,000 per <i>Policy Year</i> | \$2,500 per <i>Policy Year</i> | \$3,000 per <i>Policy Year</i> |

Dental services in excess of \$500 require pre-approval by SBC.

The following exclusions and limitations apply:

- Dental *Treatment* must be rendered, or reported, and approved for payment by SBC within 182 days of the *Accident*.
- Eligible Expenses* will be limited to the general practitioners' *Dental Fee Guide* in Saskatchewan.

### 2. Ambulance

Charges for *Emergency* ambulance services, including air ambulance within Saskatchewan, for transportation, when *Medically Necessary*, to the nearest *Hospital* equipped to provide *Treatment*.

| BASIC     | CLASSIC   | ENHANCED  |
|-----------|-----------|-----------|
| Unlimited | Unlimited | Unlimited |

The following exclusions and limitations apply:

- The services must be provided by a licensed ambulance.
- Charges for *Emergency* ambulance services that do not result in the transport of an *Insured* patient to a *Hospital* are 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*, are payable at 50%. Documentation to support the order and medical necessity is required at the time of claim.
- Charges for ambulance services that transport an *Insured* patient to and from *Hospital, Physician's* offices, laboratories or medical clinics for scheduled care are not covered.

### 3. Blood Pressure Monitors

Charges for the purchase or rental of a blood pressure monitor on the written authorization of a *Physician*.

| BASIC   | CLASSIC   | ENHANCED  |
|---|---|---|
| One per <i>Insured</i> per five <i>Policy Years</i> | One per <i>Insured</i> per five <i>Policy Years</i> | One per <i>Insured</i> per five <i>Policy Years</i> |

### 4. Braces

Charges for orthopaedic braces when deemed *Medically Necessary* on written authorization of a *Physician*. Braces must contain metal or rigid plastic components.

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | 70% to a maximum of \$750 per <i>Insured</i> per two <i>Policy Years</i> | 70% to a maximum of \$750 per <i>Insured</i> per two <i>Policy Years</i> |

## 5. Breast Prostheses

Charges for the purchase of breast prostheses.

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | Maximum of \$325 (single) or \$650 (double) per <i>Insured</i> per two <i>Policy Years</i> | Maximum of \$325 (single) or \$650 (double) per <i>Insured</i> per two <i>Policy Years</i> |

## 6. Compression Stockings

Charges for compression stockings<sup>1</sup> on written authorization of a *Physician*.

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | Maximum of two pairs per <i>Insured</i> per <i>Policy Year</i> | Maximum of two pairs per <i>Insured</i> per <i>Policy Year</i> |

<sup>1</sup>At time of claim, provide written confirmation from the *Provider* that the stockings have a minimum pressure gradient of 15 mmHg, along with a copy of the *Physician* referral outlining the medical diagnosis.

## 7. Custom Foot Orthotics and Orthopaedic Shoes

Charges for the purchase, repair or replacement of custom-made foot orthotics and orthopaedic shoes on written authorization of a *Physician*. Custom foot orthotics and orthopaedic shoes must be custom-built and supplied by a certified pedorthist, orthotist, chiroprapist or podiatrist.

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | \$300 per <i>Insured</i> per two <i>Policy Years</i> | \$300 per <i>Insured</i> per two <i>Policy Years</i> |

## 8. Diabetic Equipment

Charges for diabetic equipment, including glucose meters, insulin pumps and other equipment, approved by *SBC* on written authorization of a *Physician*.<sup>2</sup>

| BASIC | CLASSIC   | ENHANCED  |
|-------|---|---|
| —     | \$500 per <i>Insured</i> per five <i>Policy Years</i> | \$500 per <i>Insured</i> per five <i>Policy Years</i> |

<sup>2</sup>Diabetic supplies and prescription *Drugs* for the *Treatment* of diabetes are included under the Prescription Drug Benefits.

## 9. Health Practitioners

Charges for services rendered by a practitioner who is licensed, certified or registered with their provincial regulatory agency or a registered member of a professional association recognized by *SBC*.

|   | BASIC        | CLASSIC   | ENHANCED  |
|---|--------------|---|---|
| Acupuncturist, athletic therapist, chiroprapist, chiropractor, dietitian, homeopath, massage therapist, naturopath, osteopath, podiatrist, physiotherapist, reflexologist | Not included | 80% to a combined maximum of \$500 per <i>Insured</i> per <i>Policy Year</i>            | 80% to a combined maximum of \$750 per <i>Insured</i> per <i>Policy Year</i>            |
| Speech language pathologist / audiologist   | Not included | \$80 per visit to a combined maximum of \$300 per <i>Insured</i> per <i>Policy Year</i> | \$80 per visit to a combined maximum of \$500 per <i>Insured</i> per <i>Policy Year</i> |

## 10. Hearing Aids

Charges for the purchase or repair of hearing aids and cochlear implants when prescribed, tested and fitted by a *Provider* recognized by *SBC*.

| BASIC        | CLASSIC   | ENHANCED  |
|--------------|---|---|
| Not included | \$800 per <i>Insured</i> per four <i>Policy Years</i> | \$1,000 per <i>Insured</i> per four <i>Policy Years</i> |

## 11. Hospital Beds

Coverage for the purchase or rental of a *Hospital* bed on written authorization of a *Physician*.

| BASIC        | CLASSIC                                     | ENHANCED                                    |
|--------------|---|---|
| Not included | \$1,000 lifetime maximum per <i>Insured</i> | \$1,500 lifetime maximum per <i>Insured</i> |

## 12. Hospital Cash

Coverage for incidental expenses incurred during a qualifying *Hospital* stay. Benefits are payable as a supplemental cash benefit, provided the *Insured* is confined to a *Hospital* for a minimum of 24 consecutive hours and is undergoing active *Treatment*.<sup>3</sup>

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | \$20 per day to a maximum of 20 days per <i>Insured</i> per <i>Policy Year</i> | \$20 per day to a maximum of 30 days per <i>Insured</i> per <i>Policy Year</i> |

<sup>3</sup>At time of claim, submit official discharge papers from the *Hospital* stating the admission and discharge dates.

### 13. Mastectomy Bras

Charges for the purchase of mastectomy bras.

| BASIC        | CLASSIC   | ENHANCED  |
|--------------|---|---|
| Not included | \$50 per bra to a maximum of two bras per <i>Insured</i> per <i>Policy Year</i> | \$50 per bra to a maximum of two bras per <i>Insured</i> per <i>Policy Year</i> |

### 14. Medical Aids

Charges for the following appliances and supplies when deemed *Medically Necessary* and on written authorization of a *Physician*: casts, compression garments<sup>4</sup>, splints, holding chamber, nebulizers, trusses, rib belts, sacroiliac corsets, cervical collars, traction devices, shoulder immobilizers and stump socks.

| BASIC   | CLASSIC   | ENHANCED  |
|---|---|---|
| Combined maximum of \$250 per <i>Insured</i> per <i>Policy Year</i> | Combined maximum of \$250 per <i>Insured</i> per <i>Policy Year</i> | Combined maximum of \$250 per <i>Insured</i> per <i>Policy Year</i> |

<sup>4</sup>At time of claim, provide written confirmation from the *Provider* that the compression garment has a minimum pressure gradient of 15 mmHg, along with a copy of the *Physician* referral outlining the medical diagnosis.

### 15. Mental Wellness Benefits

#### 15.1 Counselling Services

Charges for counselling services rendered by a practitioner who is licensed, certified or registered with their provincial regulatory agency or a registered member of a professional association recognized by *SBC*.

|  | BASIC   | CLASSIC   | ENHANCED  |
|--|---|---|---|
| Clinical psychologist, counsellor registered social worker | \$75 per visit to a combined maximum of \$450 per <i>Insured</i> per <i>Policy Year</i> | \$75 per visit to a combined maximum of \$600 per <i>Insured</i> per <i>Policy Year</i> | \$75 per visit to a combined maximum of \$750 per <i>Insured</i> per <i>Policy Year</i> |

#### 15.2 Individual Assistance Program

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.

| BASIC    | CLASSIC  | ENHANCED |
|----------|----------|----------|
| Included | Included | Included |

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

#### ONLINE RESOURCES

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

#### 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

## 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 registration code to get started. Log in to your personal member portal and navigate to My Coverage. Your registration code is listed as a part of the benefit description.

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

### ACCESS IAP ONLINE

1. Visit [www.homeweb.ca](http://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 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.

## 16. Mobility Aids

Charges for the purchase or rental of crutches, canes, bathroom rails, grab bars, bath seats/transfer benches, raised toilet seats, and reaching aids when deemed *Medically Necessary*, on the written authorization of a *Physician*.

| BASIC   | CLASSIC   | ENHANCED  |
|---|---|---|
| Combined maximum of \$250 per <i>Insured</i> per <i>Policy Year</i> | Combined maximum of \$250 per <i>Insured</i> per <i>Policy Year</i> | Combined maximum of \$250 per <i>Insured</i> per <i>Policy Year</i> |

## 17. Ostomy Supplies

Charges for ostomy supplies when required for daily living.

| BASIC        | CLASSIC   | ENHANCED  |
|--------------|---|---|
| Not included | \$1,200 per <i>Insured</i> per <i>Policy Year</i> | \$1,200 per <i>Insured</i> per <i>Policy Year</i> |

## 18. Oxygen and Equipment

Charges for the purchase or rental of oxygen and equipment for the purpose of administering oxygen on the written authorization of a *Physician*.

| BASIC        | CLASSIC   | ENHANCED  |
|--------------|---|---|
| Not included | \$500 per <i>Insured</i> per <i>Policy Year</i> | \$500 per <i>Insured</i> per <i>Policy Year</i> |

## 19. Positive Airway Pressure (PAP) Machine and Supplies

Charges for the purchase or rental of PAP machines, supplies and equipment on the written authorization of a *Physician* for daily living.

| BASIC        | CLASSIC   | ENHANCED  |
|--------------|---|---|
| Not included | Combined maximum of \$350 per <i>Insured</i> per <i>Policy Year</i> | Combined maximum of \$500 per <i>Insured</i> per <i>Policy Year</i> |

## 20. Preferred Hospital Accommodation

Charges for a semi-private or private room in a *Hospital*.

| BASIC   | CLASSIC   | ENHANCED  |
|---|---|---|
| \$1,000 per <i>Insured</i> per <i>Policy Year</i> | \$2,000 per <i>Insured</i> per <i>Policy Year</i> | \$3,000 per <i>Insured</i> per <i>Policy Year</i> |



## 21. Private Duty Nursing

Services of a *Private Duty Nurse* where the services have been ordered by the attending *Physician* for *In-patient Treatment* or *Treatment* in the home. Services for in-home care must be consistent with the *Treatment* of the *Medical Condition* for which you were hospitalized and must commence immediately following discharge from the *Hospital*.

| BASIC        | CLASSIC   | ENHANCED  |
|--------------|---|---|
| Not included | \$2,500 per <i>Insured</i> per <i>Policy Year</i> | \$5,000 per <i>Insured</i> per <i>Policy Year</i> |

This coverage excludes expenses for:

- Palliative care;
- Treatment* in nursing homes;
- Custodial care, homemaking duties, shopping, transportation, respite care; and
- Services not related to the activities of daily living.

## 22. Prosthetics

Charges for the purchase, repair or replacement of prosthetic eyes, limbs and larynx.<sup>5</sup>

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | \$3,000 per <i>Insured</i> per three <i>Policy Years</i> | \$5,000 per <i>Insured</i> per three <i>Policy Years</i> |

<sup>5</sup>This benefit excludes coverage for myoelectric prosthetics.

## 23. 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.<sup>6</sup> You can seek virtual care support as often as needed.

| BASIC    | CLASSIC  | ENHANCED |
|----------|----------|----------|
| Included | Included | Included |

<sup>6</sup>Service in Quebec is available seven days a week including evenings and weekends, with bilingual customer support 24/7.

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. Log in 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 *SBC* 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.

## 24. Vision Care

Charges for eye examinations performed by a licensed optometrist or ophthalmologist. Charges for prescription eyewear, including lenses, frames, contact lenses and/or laser eye surgery.

|                               | BASIC  | CLASSIC  | ENHANCED   |
|-------------------------------|--|--|--|
| Eye exams                     | Combined maximum of \$150 per <i>Insured</i> per two <i>Policy Years</i> | \$75 per <i>Insured</i> per two <i>Policy Years</i>  | \$75 per <i>Insured</i> per <i>Policy Year</i>       |
| Eyewear and laser eye surgery |  | \$150 per <i>Insured</i> per two <i>Policy Years</i> | \$250 per <i>Insured</i> per two <i>Policy Years</i> |

## 25. Walkers

Charges for the purchase or rental of a walker on written authorization of a *Physician*.

| BASIC   | CLASSIC   | ENHANCED  |
|---|---|---|
| \$250 per <i>Insured</i> per five <i>Policy Years</i> | \$250 per <i>Insured</i> per five <i>Policy Years</i> | \$250 per <i>Insured</i> per five <i>Policy Years</i> |

## 26. Wheelchairs and Motorized Scooters

Charges for the purchase or rental of wheelchairs and motorized scooters when deemed *Medically Necessary*, on written authorization of a *Physician*.

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | \$1,500 per <i>Insured</i> per three <i>Policy Years</i> | \$1,500 per <i>Insured</i> per three <i>Policy Years</i> |

## 27. Wigs and Hairpieces

Charges for the purchase of wigs and hairpieces when deemed *Medically Necessary* and on written authorization of a *Physician*.

| BASIC        | CLASSIC  | ENHANCED   |
|--------------|--|--|
| Not included | \$500 per <i>Insured</i> per two <i>Policy Years</i> | \$500 per <i>Insured</i> per two <i>Policy Years</i> |

## VIP Travel

Subject to the General Conditions and Exclusions of this *Policy*, *SBC* will reimburse *Eligible Expenses* incurred by you for the following benefits. All *Eligible Expenses* are subject to the coverage level you have selected, as listed on your *Confirmation of Coverage* and the corresponding co-insurance and benefit maximums specified below.



VIP Travel benefits form a part of the Extended Health *Benefit Module*. The coverage level you selected for Extended Health also applies to VIP Travel.

## VIP Travel Benefits

Coverage for *Eligible Expenses* incurred due to an *Emergency* while travelling outside of Saskatchewan. There is no limit to the number of *Trips* taken within a *Policy Year*.

|                            | BASIC                       | CLASSIC                     | ENHANCED                    |
|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Benefit maximum            | \$5,000,000 per <i>Trip</i> | \$5,000,000 per <i>Trip</i> | \$5,000,000 per <i>Trip</i> |
| Eligible <i>Trip</i> limit | 30 days per <i>Trip</i>     | 30 days per <i>Trip</i>     | 65 days per <i>Trip</i>     |
| Stability period           | 90 days prior to departure  | 90 days prior to departure  | 90 days prior to departure  |

### 1. 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 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; and
- Assist in contacting the family or business partner.

### 2. Hospital Care

#### 2.1 Accommodation

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

## 2.2 Services and Supplies

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

## 3. Health Care Professionals

### 3.1 Physicians

Services provided by a *Physician*.

### 3.2 Paramedical Services

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

### 3.3 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*.

## 4. Prescriptions and diagnostic services

### 4.1 Prescriptions

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

### 4.2 Diagnostic Services

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

## 5. Medical Appliances

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

## 6. Emergency Dental Care

### 6.1 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 182 days of the date of the *Accident*. An *Accident* report is required from the *Physician* or *Dentist*.

### 6.2 Relief of Dental Pain

Up to \$200 for *Treatment* for the relief of dental pain due to an *Emergency*, excluding root canals.

## 7. Transportation

### 7.1 Ambulance Services

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

### 7.2 Medical Evacuation by Air Ambulance

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

### 7.3 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 *SBC's* 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.

### 7.4 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 *SBC's* medical advisors (in consultation with the attending *Physician* and the commercial airline).

### 7.5 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:

- i. 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; or
- ii. Identify the deceased prior to the release of the body, where necessary.

### 7.6 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.

## 7.7 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.

## 8. 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:

- i. A serious *Illness* or death of an *Immediate Family* member; or
- ii. A delay in homeward travel due to the medical evacuation of an *Insured* to a *Treatment* facility in Saskatchewan.

## 9. 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 their *Trip* due to *Illness of*, or *Accident to*, a travelling companion or an *Insured*.

## 10. Baggage and Personal Effects

Up to \$1,000 for loss of 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.

## 11. Automatic Extension of Coverage

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

- i. The discharge from *Hospital* when the return to Saskatchewan is delayed due to hospitalization and the travel coverage expires after admission to a *Hospital*;
- ii. The expiry of the travel coverage when the return to Saskatchewan is delayed, by order of the attending *Physician*, due to a covered *Illness* or *Accident*; or
- iii. The expiry of the travel coverage 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 enroute to the departure point.

## 12. Air Flight and Common Carrier Accident Coverage

The Air Flight and Common Carrier *Accident* Coverage is underwritten by *Blue Cross Life*®.

The benefit maximum is limited to \$100,000 per *Insured* to whom a transportation ticket has been validly issued.

| Coverage                                | Benefit Amount |
|---|----------------|
| Life – <i>Insured</i> or <i>Partner</i> | 100%           |
| – <i>Dependent</i> children             | 20%            |
| Two limbs                               | 100%           |
| Sight of both eyes                      | 100%           |
| One limb and sight of one eye           | 100%           |
| One limb                                | 50%            |
| Sight of one eye                        | 50%            |

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:

- i. A certified passenger aircraft provided by a regularly scheduled airline and operated by a certified pilot;
- ii. 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; or
- iii. Any other public conveyance, excluding air, licensed to convey passengers for hire.

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 *SBC* shall pro-rate the payment.

## 12.1 Air Flight and Common Carrier Accident Coverage Conditions

- 1. Right to examine:** SBC has the right and the claimant shall afford to SBC 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.
- 2. Claim limitation period:** 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.
- 3. 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*.
- 4. Statutory conditions:** Notwithstanding any other provisions herein contained, this *Policy* is subject to the statutory conditions in the *Insurance Act* and any other applicable legislation respecting contracts of *Accident* insurance.

## VIP Travel Conditions

In addition to the General Conditions and Exclusions of this *Policy*, the following conditions apply:

- 1. Coverage:**
  - a. The *Trip's* departure date must fall on or after the effective date of your *Policy*.
  - b. Travel coverage begins when you depart from Saskatchewan.
  - c. Travel coverage ends on the earliest of the day:
    - i. You return to Saskatchewan;
    - ii. SBC returns you to Saskatchewan;
    - iii. SBC ends coverage for a medical *Emergency* as a result of your failure to comply with SBC's option to return you to Saskatchewan for further medical *Treatment*; or
    - iv. You reach the maximum *Trip* length allowable under the plan option chosen.
  - d. Travel coverage requires you to return to Saskatchewan when you reach the maximum eligible trip limit allowable under the plan before 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*.
- 4. Right to assign payment:** The *Insured* agrees to assign to Saskatchewan Blue Cross and/or its authorized agents reimbursement or payment for any claims for benefits under your provincial Government program submitted by SBC and/or its authorized agents in respect of *Hospital* and medical benefits provided outside Saskatchewan or outside of Canada.

## VIP Travel Exclusions and Limitations

In addition to the General Conditions and Exclusions of this *Policy*, the following exclusions and limitations apply:

- 1. Work or education:** 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.
- 2. Travel for diagnosis or *Treatment*:** No benefits are payable for 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.
- 3. Stability:** No benefits are payable for any *Medical Condition* which is not *Stable* 90 days immediately preceding the departure date.
- 4. Foreseeable *Treatment*:** No benefits are payable for any *Medical Condition* or symptoms for which it is reasonable to believe or expect that *Treatments* will be required during your *Trip*.
- 5. Recurrence of a *Medical Condition* —** No benefits are payable for:
  - a. The continued *Treatment* or recurrence of a *Medical Condition* or related condition, following *Emergency Treatment* during your *Trip*, if SBC's medical advisors determine that your *Emergency* has ended.
  - b. The continued *Treatment* or recurrence of a *Medical Condition* or related condition where *Emergency Treatment* was received without notification to SBC's Travel Assistance Provider and your *Emergency* has ended.
- 6. Use of alcohol, drugs, and other intoxicating substances —** No benefits are payable for:
  - a. 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*.
  - b. 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.

7. **Suicide and intentional *Injury*:** No benefits payable for suicide, attempted suicide or intentional *Injury*, whether it's due to a psychological disorder or not.
8. **Non-adherence:** No benefits are payable for any *Medical Condition* that is the result of you not following *Treatment* as prescribed to you, including prescribed medication.
9. **Pregnancy, childbirth or related complications** — No benefits are payable for:
  - a. Any claim related to routine pre-natal or post-natal care.
  - b. Any claim related to pregnancy, delivery, or complications of either, arising eight weeks before the expected date of delivery or eight weeks after the expected date of delivery.
10. **Travel advisory** — No benefits are payable for:
  - a. 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.
  - b. 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 current travel advisories, visit the Government of Canada travel site: [travel.gc.ca/travelling/advisories](http://travel.gc.ca/travelling/advisories).
11. **Refusal to follow medical advice:** No benefits are payable for any claim incurred after a *Physician* advised the *Insured* not to travel. If *SBC's* medical advisors determine that you should transfer to another facility or return to Saskatchewan for *Treatment* and you choose not to, benefits will not be paid for further *Treatment*, and coverage will be limited to unrelated events.
12. ***Treatment* received without approval from Travel Assistance Provider** — No benefits are payable for any claim where:
  - a. You receive *Emergency Treatment* without notifying *SBC's* Travel Assistance *Provider*;
  - b. You proceed with investigation, *Treatment* or surgery without pre-approval and of which is not considered *Emergency Treatment*;
  - c. After your *Emergency Treatment* has started, *SBC's* 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.
13. **Non-urgent, experimental or optional *Treatment*:** No benefits are payable with respect to non-*Emergency*, experimental or elective *Treatment* (e.g., cosmetic surgery, chronic care or rehabilitation, including any expenses for directly or indirectly related complications).
14. **Terminal prognosis:** No benefits are payable when travel was booked or commenced after receipt of a terminal prognosis.
15. **Baggage and personal effects:**
  - a. **Loss or damage related to property:** No benefits are 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 or animals.
  - b. **Breakage of fragile or breakable items:** No benefits are payable for breakage of fragile or brittle articles.
  - c. **Confiscation or damage caused by order of a government or public agency:** No benefits are payable for loss or damage due to confiscation, destruction or damage by order of any government or public authority.
  - d. **Wear, deterioration, mechanical failure, and vermin:** No benefits are 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.
  - e. **Theft without break-in committed in a vehicle:** No benefits are payable for loss or damage caused by neglect or a reckless act on your part or disappearance of an item in circumstances which do not allow a reasonable conclusion of theft.
16. **Currency:** Payment will be made by *SBC* 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.

## Prescription Drug

Subject to the General Conditions and Exclusions of this *Policy*, SBC will reimburse *Eligible Expenses* incurred by you for the following benefits. All *Eligible Expenses* are subject to the coverage level you have selected, as listed on your *Confirmation of Coverage* and the corresponding co-insurance and benefit maximums specified below.

For the purposes of this *Policy*, there are two *Drug* formularies that may be applicable, depending on the coverage level you have selected:

1. **Saskatchewan Drug Plan *Formulary*** refers to the list of approved prescription *Drugs* as provided by the Saskatchewan Drug Plan, which includes *Drugs* that are eligible for reimbursement under the provincial drug plan.
2. **Saskatchewan Blue Cross *Formulary*** refers to the list of approved prescription *Drugs* as provided by SBC. The Saskatchewan Blue Cross *Formulary* includes *Drugs* listed on the Saskatchewan Drug Plan *Formulary* as well as an expanded list of other *Drugs*.

Hereinafter, both the Saskatchewan Drug Plan *Formulary* and the Saskatchewan Blue Cross *Formulary* shall collectively be referred to as “the *Formulary*” in this *Policy*, unless explicitly stated otherwise.

### Prescription Drug Benefits

|                 | BASIC   | CLASSIC   | ENHANCED  |
|-----------------|---|---|---|
| Formulary       | Saskatchewan Drug Plan <i>Formulary</i>           |   | Saskatchewan Blue Cross <i>Formulary</i>          |
| Co-insurance    | 70%   | 75%   | 80%   |
| Benefit maximum | \$1,000 per <i>Insured</i> per <i>Policy Year</i> | \$2,000 per <i>Insured</i> per <i>Policy Year</i> | \$3,000 per <i>Insured</i> per <i>Policy Year</i> |
| Deductible      | Not included                                      | Not included                                      | \$6 per eligible prescription                     |

The following benefits are applicable to all levels of coverage and form a part of the benefit maximum listed above:

1. **Formulary *Drugs***: *Eligible Expenses* for *Drugs* listed on the *Formulary* when prescribed by a qualified health care professional;
2. **Diabetic supplies**: *Eligible Expenses* for diabetic supplies, including flash glucose sensors and insulin pump supplies;
3. **Smoking cessation**: *Eligible Expenses* for prescription smoking cessation products to a maximum of \$300 per lifetime;
4. **Vaccines**: *Eligible Expenses* for vaccines to a maximum of \$500 per *Insured* per *Policy Year*.

### Prescription Drug Conditions

In addition to the General Conditions and Exclusions of this *Policy*, the following conditions apply:

1. **Drug plan integration**: All claims for prescription *Drugs* must be submitted to your provincial drug plan before being submitted to SBC. Coverage applies after the benefits through all *Government Health Plans*, including but not limited to the provincial drug plan, have been determined. When requested by SBC, you must apply for all publicly-funded support programs that exist or may come to exist.
2. **Compounding**: Prescriptions for compounds must contain an active ingredient in a therapeutic concentration that is an eligible drug on the *Formulary*.
3. **Special authorization**: Some prescription *Drugs* require you to submit a Special Authorization Form for pre-approval by SBC.
4. **Submission requirements**: Prescription drug claims must be accompanied by a receipt issued by the dispensing healthcare professional indicating the prescriber's name, a description of the product (which must include a drug identification number [DIN] issued by Health Canada) and the total prescription cost.

### Prescription Drug Exclusions and Limitations

In addition to the General Conditions and Exclusions of this *Policy*, the following exclusions and limitations apply:

1. **No benefits are available for:**
  - a. *Drugs*, diabetic supplies, vaccines, and smoking cessation products not listed on the *Formulary*;
  - b. Continuous glucose monitoring systems or supplies;
  - c. Non-prescription *Drugs* and over the counter *Drugs*;
  - d. *Drugs* that promote fertility;
  - e. A more than 100-day supply of a medication;
  - f. *Drugs* for the *Treatment* of sexual dysfunction;
  - g. *Drugs* for the *Treatment* of weight loss;
  - h. *Drugs* for the *Treatment* of hair loss or to restore hair growth;

- i. *Drugs* for cosmetic purposes;
  - j. *Drugs* which are experimental or investigative in nature;
  - k. *Drugs* for diagnostic purposes (as determined by SBC); or
  - l. *Drugs* purchased outside of Canada.
2. **Generic substitution:** 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.”

## Dental

Dental is an optional *Benefit Module*. For more information on optional *Benefit Modules*, refer to the Coverage Changes section of this *Policy*.

Subject to the General Conditions and Exclusions of this *Policy*, SBC will reimburse *Eligible Expenses* incurred by you for the following benefits. All *Eligible Expenses* are subject to the coverage level you have selected, as listed on your *Confirmation of Coverage* and the corresponding co-insurance, benefit maximums and applicable frequencies specified below.



SBC will pay up to the amount specified in the General Practitioners' *Dental Fee Guide* in Saskatchewan. Services in excess of \$500 require pre-approval by SBC.

## Dental Benefits

|                         |                            | BASIC   | CLASSIC   | ENHANCED  |
|-------------------------|----------------------------|---|---|---|
| Co-insurance            | Basic services             | 70%   | 75%   | 80%   |
|                         | Major restorative services | Not included                                    | 50%   | 50%   |
| Combined annual maximum |                            | \$750 per <i>Insured</i> per <i>Policy Year</i> | \$1,500 per <i>Insured</i> per <i>Policy Year</i> | \$2,000 per <i>Insured</i> per <i>Policy Year</i> |

### Basic Services

#### 1. Diagnostics

##### 1.1 CLINICAL ORAL EXAMINATION

- i. Complete oral examination of new patient, to a maximum of one per three *Policy Years* per *Dentist*
- ii. Recall oral examination, to a maximum of one per *Policy Year*
- iii. *Emergency* oral examination, to a maximum of two per *Policy Year*
- iv. Specific oral examination, to a maximum of two per *Policy Year*
- v. Analysis of mixed dentition, to a maximum of one per lifetime

##### 1.2 RADIOGRAPHS (INCLUDING TRACING AND INTERPRETATION)

- i. Periapical, to a maximum of four per *Policy Year*
- ii. Postero-anterior and lateral skull and facial bone
- iii. Use of radiopaque dyes
- iv. Full mouth series, including bitewings or panoramic, to a combined maximum of one every three *Policy Years*
- v. Cephalometric, to a maximum of five per two *Policy Years*
- vi. Occlusal, to a maximum of two per *Policy Year*
- vii. Bitewing and temporomandibular joint (TMJ), to a maximum of four of each type per *Policy Year*
- viii. Sialography

##### 1.3 TESTS AND LABORATORY EXAMINATIONS

- i. Pulp vitality tests
- ii. Histological tests
- iii. Cytological tests

#### 2. Preventative Services

- i. Scaling, to a combined benefit maximum with root planing, up to four units per *Policy Year*

- ii. Maximum of one of each per *Policy Year*:

- Polishing
- Fluoride treatment
- Oral hygiene instruction/plaque control

- iii. Pit and fissure sealants (posterior permanent teeth) to a maximum of one per tooth per *Policy Year*
- iv. Space maintainer appliances, maintenance and repairs
- v. Interproximal diskings of teeth
- vi. Protective appliance; maximum of one per *Policy Year*

#### 3. Basic Restorative Services

- i. Caries, trauma and pain control
- ii. Amalgam (metal) and tooth-coloured (plastic) restorations, to a maximum of five surfaces per tooth every two *Policy Years*
- iii. Full coverage prefabricated restorations (metal and plastic), one per tooth per *Policy Year*
- iv. Repairs to inlays, onlays or crowns
- v. Removal of inlays, onlays, crowns or veneers
- vi. Recementation/rebonding of inlays, onlays, crowns or veneers
- vii. Retentive pins

#### 4. Endodontic Services

##### 4.1 TREATMENT OF PULP CHAMBER

- i. Pulpotomy
- ii. Pulpectomy

##### 4.2 ROOT CANAL THERAPY

- i. Root canal treatment, to a maximum of one per tooth per lifetime
- ii. Apexification (insertion of dentogenic media)



### 4.3 PERIAPICAL SERVICES

- i. Apicoectomy/apical curettage
- ii. Retrofilling
- iii. Root amputation
- iv. Hemisection
- v. Intentional removal of tooth, apical filling and replantation
- vi. Perio-radicular lesion decompression
- vii. Exploratory endodontic surgery

### 4.4 OTHER ENDODONTIC PROCEDURES

- i. *Emergency* opening and drainage of canal
- ii. Bleaching of endodontically treated teeth, to a maximum of two units per tooth per *Policy Year*
- iii. Post removal to allow retreatment

## 5. Periodontic Services

### 5.1 NON-SURGICAL SERVICES

- i. Management of oral infections
- ii. Desensitization, to a maximum of four units per *Policy Year*
- iii. Application of displacement dressings

### 5.2 SURGICAL SERVICES

- i. Gingival curettage
- ii. Gingivoplasty
- iii. Gingivectomy
- iv. Flap approach surgery
- v. Grafts
- vi. Guided tissue regeneration
- vii. Miscellaneous procedures
  - Distal wedge procedure
  - Periodontal abscess or pericoronitis

### 5.3 ADJUNCTIVE PERIODONTAL SERVICES

- i. Provisional splinting or ligation
- ii. Occlusal adjustment/equilibration, to a maximum of four units every five *Policy Years*
- iii. Root planing, to a combined benefit maximum with periodontal scaling, up to four units per *Policy Year*
- iv. Topical application of antimicrobial agents

### 5.4 PERIODONTAL APPLIANCES

One upper or one lower appliance per two *Policy Years*. A pre-determination and pre-approval are required. Included maintenance, adjustments, repairs and relines.

- i. Periodontal appliances
- ii. TMJ appliances
- iii. Myofascial pain syndrome appliances

## 6. Basic Prosthodontic Services – Removable

### 6.1 DENTURE REPAIRS AND ADDITIONS

- i. Denture repairs – adjustments, to a maximum of two units per *Policy Year*
- ii. Additions to partial dentures
- iii. Denture prophylaxis and polishing, to a maximum of one per *Policy Year*

### 6.2 DENTURE RELINE AND DENTURE REBASE

Maximum of one upper and one lower denture reline per two *Policy Years* and one upper and one lower denture rebase per two *Policy Years*. Includes complete and/or partial dentures.

### 6.3 OTHER BASIC PROSTHETIC SERVICES

Maximum of two every two *Policy Years*:

- i. Tissue conditioning
- ii. Resilient liner

## 7. Basic Prosthodontic Services – Fixed Repairs

- i. Replace broken prefabricated attachable facings
- ii. Removal of fixed bridge
- iii. Repair of fixed bridge
- iv. Recementation

## 8. Oral Surgery

- i. Extractions
- ii. Erupted teeth
- iii. Impacted teeth
- iv. Residual roots
- v. Surgical exposure of teeth
- vi. Surgical movement of teeth
  - Transplantation of erupted or unerupted teeth
  - Surgical repositioning of teeth
  - Surgical enucleation of unerupted teeth and follicle

### 8.1 NON-SURGICAL SERVICES

- i. Alveoplasty
  - Either in conjunction with or not in conjunction with extractions
  - Remodelling of bone
  - Excision of bone
  - Reduction of bone
  - Removal of bone
- ii. 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

### 8.2 SURGICAL EXCISIONS AND INCISIONS

- i. Excisions
  - Benign tumours
  - Enucleation of cysts/granulomas
  - Excision of cyst
  - Marsupialization of cyst
- ii. Incisions
  - Drainage and/or exploration, intraoral
  - Drainage and/or exploration, extraoral
  - Removal of foreign bodies
- iii. Sequestrectomy

### 8.3 SURGICAL EXCISIONS AND INCISIONS

- i. Replantation of avulsed teeth
- ii. Repositioning of traumatically displaced teeth
- iii. Frenectomy/frenoplasty
- iv. Antral surgery
  - Recovery of foreign bodies
  - Lavage
  - Oral-antral fistula closure
- v. Control of hemorrhage

## 9. Adjunctive General Services

- i. Neuroleptanalgesia
- ii. Conscious sedation
  - Inhalation technique
  - Intravenous sedation
  - Intramuscular injections of sedative *Drugs*
  - Combined techniques of inhalation plus intravenous and/or intramuscular injection
  - Hypnosis
- iii. Unscheduled office or institutional visit after regular hours

## Major Restorative Services

### 1. Extensive Restorative Procedures

#### 1.1 INLAY AND ONLAY RESTORATIVE PROCEDURES

- i. Inlays and onlays — one per tooth every five *Policy Years*
  - Metal
  - Composite
  - Porcelain/ceramic
- ii. Retentive posts (for crowns) — one per tooth every five *Policy Years*
  - Cast metal
  - Prefabricated
- iii. Indirect overdenture restorative services — one every five *Policy Years*
  - Metal cast coping crown with or without attachment
- iv. 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

### 2. Prosthodontic Services — Removable

Major restorative benefits include replacement of dentures that are at least five years old, and which cannot be made serviceable.

#### 2.1 COMPLETE DENTURES

One complete upper and one complete lower denture every five *Policy Years*:

- i. Standard
- ii. Transitional
- iii. Overdenture attached to implants

#### 2.1 PARTIAL DENTURES

One partial upper and one partial lower denture every five *Policy Years*:

- i. 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
- ii. 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

### 3. Prosthodontic Services — Fixed Bridge

- i. Pontics — one per tooth every five *Policy Years*
  - Cast metal
  - Porcelain
  - Acrylic/plastic/composite
  - Natural tooth
- ii. Retainers — one per tooth every five *Policy Years*
  - Porcelain/ceramic
  - Porcelain fused to metal
  - Cast metal
  - Metal, 3/4 cast
- iii. 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

## Dental Conditions

In addition to the General Conditions and Exclusions of this *Policy*, the following conditions apply:

1. **Pre-approval:** Dental services in excess of \$500 require pre-approval by *SBC*.
2. **Submission requirements:** Dental claims and requests for pre-approval must be accompanied by a copy of the Standard Dental Claim Form.

## Dental Exclusions and Limitations

In addition to the General Conditions and Exclusions of this *Policy*, the following exclusions and limitations apply:

1. **Dental Fee Guide:** *SBC* will pay up to the fees listed in the General Practitioners' *Dental Fee Guide* in Saskatchewan. Any charges above the current fee guide will be the responsibility of the *Insured*.
2. **Necessary and adequate:** In all cases, if you select a more expensive plan of *Treatment* than is customarily provided for necessary and adequate *Treatment*, *SBC's* payment and coverage will be based on the lesser fee.
3. **Replacement:** Replacement of dentures that have been lost, mislaid or stolen are not covered.
4. **Dental implants:** No benefits are payable for implants and/or services performed in conjunction with dental implants.
5. **Where services must be rendered:** No benefits are payable for dental services performed outside of Canada.

## Claims Conditions

The following conditions apply to all benefits detailed under this *Policy*.

### Claims Submission

**Claim limitation period:** Unless otherwise stated, all claims must be received by *SBC* within 12 months of the date the *Eligible Expenses* are incurred. Unless otherwise indicated in this *Policy*, *Eligible Expenses* are incurred on the date the services are received or the date the supplies are purchased or rented. *SBC* will not be liable for any claim received more than 12 months after the date the *Eligible Expenses* were incurred.

### There are three simple ways to submit your claims:



#### DIRECT BILLING

Your care provider submits your claim electronically at the time of your service.



#### ONLINE

Use your *SBC* mobile app or online member portal to submit claims and attach electronic copies of receipts.



#### PAPER

Download and complete a paper claim form and mail it to or drop it off at our Saskatoon or Regina offices.

### Extended Health, Dental and Prescription Drug Claims

1. **Expense eligibility:** If an anticipated expense is not specifically described as a benefit in this *Policy*, it is your responsibility to contact *SBC* before you incur the expense to confirm whether an expense is eligible. *SBC* may deny a claim if you have not confirmed with *SBC* whether such expense is eligible.
2. **Submission requirements:** You must substantiate your claim by providing copies of the original detailed invoice, proof of payment for all expenses and any documents described in the applicable coverage. *SBC* may request additional supporting documentation as required.

### VIP Travel Claims

Travel claims submissions, in addition to your completed claim form, must include the following documents:

1. Original and detailed invoices and receipts for all services received – the diagnosis and *Treatment* must be clearly indicated.
2. Proof of payment for all expenses claimed.
3. Proof of both departure from and return to Saskatchewan. The type of proof depends on whether you travelled via airline, car, boat or train – for example, copies of airline tickets, itinerary, gas receipts, etc.
4. Any other relevant documents, if applicable, such as medical reports, laboratory results, etc.

All *Emergency* out-of-province and out-of-Canada claims are processed and managed by *SBC's* Travel Assistance Provider.

## Payment of Claims

- 1. Payment:** Payment will be made by *SBC* and/or its authorized agents directly to the *Policyholder*, estate of the *Insured*, *Beneficiary* or *Provider*. *SBC* will pay claims when *SBC* receives proof you have incurred *Eligible Expenses*. The amount payable shall be calculated as at the time the service was provided.
- 2. Interest:** No sum payable under this *Policy* shall carry interest.
- 3. Currency:** All amounts indicated in this *Policy* are in Canadian funds unless otherwise stated. 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.
- 4. Assignment of benefits:** Assignment of benefits in this *Policy* is valid only if agreed to by *SBC*.
- 5. Government programs:** The benefits provided under this *Policy* are granted in addition to, and not in replacement of, government programs. If you are not sure whether a government program covers an expense, you must submit the expense to the appropriate government entity prior to making a claim with *SBC*.

## Medical Records

- As a condition of this *Policy*, *SBC* has the right to request and obtain medical information, records or copies of medical records from any:
  - Authorized *Provider*;
  - Physician*;
  - Dentist*;
  - Health care professional;
  - Hospital*, clinic or related facility;
  - Other insurers; or
  - Any other party that diagnosed, treated, attended or rendered services to you to administer the terms of this *Policy*.
- You are responsible for paying any additional costs associated with providing this information. *SBC*'s right to medical records applies to those cases where *SBC* considers that the information is required to assess the application and administer claims arising under this *Policy*. *SBC* may deny any claims if such substantiating documentation is not provided.
- SBC* will hold as confidential all materials, records and information obtained from a *Provider* or any other party and will not reveal information to any person or company without your written authorization except:
  - When required by law;
  - To provide statistical information of a general nature;
  - When required for claim abuse investigation purposes;
  - To obtain or release information required to enforce this *Policy*.

## Right to Audit

- SBC* has the right, at any time, to inspect or audit your claim records in relation to a claim for benefits. This right to inspect or audit applies to records held by *SBC* or in the files of a *Provider* and may be exercised by *SBC* or by a third party on its behalf.
- Where, as a result of review of the information and records, *SBC* determines that a claim submitted was not for *Eligible Expenses*, or *SBC* are refused access to the information and records, *SBC* may, at *SBC*'s discretion, refuse to pay the claim and any of your future claims.

## Claims Appeals

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.

## Coverage Changes

Unless otherwise set out in this *Policy*, coverage takes effect on the effective date. All change requests must be made in writing by the *Policyholder*. The request must include the date it was written and clearly indicate the reason for the change request under this *Policy*.

1. **Adding a *Dependent*:** A *Policyholder* may apply for coverage for a *Dependent* provided that person meets the eligibility requirements of this *Policy*. Upon acceptance and approval by *SBC*, coverage for that person will become effective on a date determined by *SBC*.
2. **Removing a *Dependent*:**
  - a. It is the responsibility of the *Policyholder* to advise *SBC* if any *Dependent* no longer meets eligibility requirements. In such case, coverage will terminate for that person who no longer meets the eligibility requirements on such date as determined by *SBC*.
  - b. A *Dependent* may be removed from your *Policy* at any time. A written request must be submitted to *SBC*'s office and coverage will terminate on such date as determined by *SBC*.
3. **Conversion privileges for *Dependents*:** A *Dependent*, who no longer qualifies as a *Dependent* under this *Policy*, may continue coverage under a *SBC* Conversion Personal Health Plan by completing an application within 60 days of when coverage under the current *Policy* would no longer apply.
4. **Surviving *Dependent* coverage:** In the event of the *Policyholder*'s death, *SBC* will continue coverage for the surviving *Dependent*(s). To confirm the continuation of coverage, a written request must be submitted to *SBC*'s office within 60 days of the *Policyholder*'s passing. Upon receiving the request, *SBC* will issue a new *Policy* confirmation renaming the surviving *Dependent* the *Policyholder* and provide updated *Premium*.
5. **Changes to your plan:**
  - a. **Increasing a coverage level:** A *Policyholder* can increase the coverage level within a *Benefit Module* at any time subject to *SBC*'s approval. If approved:
    - i. The requested coverage level and adjusted *Premium* become effective on a date determined by *SBC*; and
    - ii. You may receive new benefit maximums. Previous claims history will be applied against new benefit maximums.
  - b. **Decreasing a coverage level:** A *Policyholder* can decrease the coverage level within a *Benefit Module* at any time provided they have maintained their existing coverage level for that *Benefit Module* for a minimum of two consecutive years. If the two consecutive year period of participation has not been met, *SBC* will review a request to decrease the coverage level for that *Benefit Module*, provided there has been a qualifying *Life Event* leading to a change in the *Policyholder*'s family situation. If approved:
    - i. The requested coverage level and adjusted *Premium* become effective on a date determined by *SBC*; and
    - ii. You may receive new benefit maximums. Previous claims history will be applied against new benefit maximums.
  - c. Coverage level changes are not retroactive. Claims incurred before the effective date of change will be subject to the limits of your coverage that was in effect at the time the expense was incurred.
6. **Optional *Benefits Modules*:**
  - a. **Adding an optional *Benefit Module*:** A *Policyholder* can add an optional *Benefit Module*, subject to *SBC*'s approval. If approved:
    - i. The requested *Benefit Module* will be added; and
    - ii. Adjusted *Premium* will become effective on a date determined by *SBC*.
  - b. **Removing an optional *Benefit Module*:** A *Policyholder* can add an optional *Benefit Module*, subject to *SBC*'s approval. If approved:
    - i. The requested *Benefit Module* will be removed;
    - ii. Adjusted *Premium* will become effective on a date determined by *SBC*; and
    - iii. The removal of the optional *Benefit Module* will result in a 24-month waiting period before it can be added again.

## General Conditions

The following General Conditions apply to all benefits detailed under this *Policy*, subject to *SBC*'s approval of your application.

1. **Eligibility** — To be eligible to purchase, and continue to be eligible for coverage under this *Policy*:
  - a. The *Policyholder* must be:
    - i. 50 years of age or older;
    - ii. A Saskatchewan *Resident*; and
    - iii. Retiring and losing group benefits coverage. Coverage under this *Policy* must be in effect no later than 90 days after the termination of coverage under the previously held group benefits plan. Proof of termination from the group benefits plan is required.
  - b. All *Insureds* must be enrolled in the Saskatchewan Health plan and must hold a valid Saskatchewan Health plan number;
  - c. Any *Dependent*(s) covered under this *Policy* must be related to the *Policyholder* in one of the following ways:

- i. Legally married to the *Policyholder*; or
- ii. By continuously residing with the *Policyholder* in a common-law relationship for at least 12 months and publicly represented as such; or
- iii. A child born to, adopted by, or a stepchild of, the *Policyholder* who:
  - Is unmarried and up to 18 years of age; or
  - Is unmarried and under 25 years of age and undergoing full-time student education; or
  - Is an *Incapacitated Dependent*.

**2. Coverage:**

- a. Coverage is not effective until *SBC* approves your application and the appropriate *Premium* has been paid.
- b. Unless otherwise set out in this *Policy*, coverage takes effect on the effective date
- c. *SBC* reserves the right to accept or decline coverage for any person.

**3. Family contracts:** All individuals covered under this *Policy* must maintain the same coverage.

**4. Misrepresentation or nondisclosure:** You agree that it is your responsibility to ensure that, at all times, *SBC* receives complete and accurate information. Therefore, should you (or anyone authorized to act on your behalf), directly or indirectly, intentionally or unintentionally and/or knowingly or unknowingly, at any time:

- a. Make any material misrepresentation;
- b. Provide incomplete or inaccurate information; or
- c. Fail to disclose information to *SBC*, *SBC's* Travel Assistance *Provider* or *SBC's* third-party *Providers*, then:
  - i. *SBC* retains all available legal and equitable remedies including, without limitation, the right to rescind this *Policy*, the right to refuse payment of any claim, the right to recover damages and the right to seek reimbursement of money paid; and
  - ii. *SBC* shall be able to pursue all such available remedies, either individually or in any combination.

**5. Termination of coverage:** It is the responsibility of the *Policyholder* to notify *SBC* 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*. *SBC* will not approve back-dated termination requests.

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

- a. The last day of the month in which the *Policyholder* or *Dependent* no longer meet the eligibility requirements;
- b. The last day of the month following the month in which *SBC* receives written request to end coverage from the *Policyholder*;
- c. The date this *Policy* terminates;
- d. The date of the *Insured's* death; or
- e. The final due date for any unpaid *Premium*.

*SBC* 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.

**6. Grace period:** The grace period is 30 days for the payment of *Premium* and is allowed for each *Premium* except the first. During the grace period, coverage remains effective but in suspense until *Premium* is paid in full. *SBC* will terminate the *Policy* if payment has not been made before the end of the grace period. *SBC* will send you written notice of termination.

**7. Reinstatement:** *SBC* may, at *SBC's* 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 *SBC* has agreed to reinstate coverage.

**8. Suspension or termination of coverage by *SBC*** – *SBC* may, without prior notice, immediately suspend or terminate coverage in any of the following circumstances:

- a. If *SBC* discovers a claim discrepancy or *SBC* initiates a claim abuse investigation in respect of you;
- b. If criminal charges or disciplinary action relating to this *Policy* are filed against you;
- c. If you assist a person to obtain, or attempt to obtain, benefits under this *Policy* for which such person is not eligible;
- d. If you assist or knowingly participate in any act with a *Provider* that has the purpose or effect of enabling the *Provider* or you to submit false, misleading or fraudulent claims; or
- e. If you make any false statements, knowingly provide false information, or withhold material information to obtain benefits for which you are not eligible.

Upon such termination, the right of such *Insured* to any benefits hereunder shall be forfeited.

**9. Conversion privileges:**

- a. Conversion to another *SBC* personal health plan – If you are a Saskatchewan *Resident*, you may transfer between this *Policy* and a *SBC*

Conversion Personal Health Plan at any time, provided you:

- i. Complete and submit a new application (which must be accepted by SBC) for coverage along with the applicable *Premium*. Coverage and adjusted *Premium* become effective on a date determined by SBC.
- ii. Upon conversion, all applicable waiting periods and medical underwriting requirements will be waived.

**10. Policy evaluation period:** 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 SBC less the *Premium* amount before the *Policy* will be deemed null and void.

**11. Right to amend *Premium* or terms:** SBC 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.

**12. *Premium* and payment:**

- a. The *Premium* is determined by SBC and is based on the age of the oldest *Insured* covered under the *Policy*.
- b. All *Premium* must be paid in advance of the benefit period on the date specified by SBC.
- c. SBC is not responsible for any payment expense or administration fee incurred by you in relation to this *Policy*.
- d. *Premiums* are not pro-rated for partial periods and are payable in full one-month periods.
- e. 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 the SBC that are not explicitly covered under the *Premium*. SBC 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 SBC's discretion.

**13. Governing law:** This *Policy* shall be construed and enforced in accordance with the laws of the province of Saskatchewan. Benefits are governed by and interpreted in accordance with the laws of the province of Saskatchewan. Any legal action or other proceeding relating to or connected with this *Policy* that is commenced by you or anyone claiming on your behalf must take place in Saskatchewan.

**14. Publicly funded support programs:** When requested by SBC, you must apply for all *Government Health Plans* or publicly funded support programs that exist or may come to exist.

**15. Authorization —** By purchasing this *Policy*, you are authorizing the following:

- a. You authorize any *Physician*, health care *Provider*, other person, *Hospital* or institution to release to SBC and/or its authorized agents, representatives, affiliates or other service *Provider* (collectively "Saskatchewan Blue Cross") any information covering your medical history, symptoms, *Treatment*, exam, diagnosis and/or services rendered to you or your *Dependent(s)*.
- b. You authorize SBC to collect, store and use any information which is provided by you, and any information obtained pursuant to clauses a. and c.
- c. You authorize SBC to obtain information from, or disclose information to, any *Government Health Plan*; the operator of any *Hospital*, clinic or other health facility; a *Physician* or other health care *Provider*; any insurance company; or any other service *Provider* or third party as may be reasonably required. This information is intended for the purposes of administering the plan and communicating with you.
- d. Subject to legal or contractual restrictions, you may (upon reasonable written notice to SBC) choose to withdraw your consent to the collection, use and disclosure of such information. It is important to note that if your consent is withdrawn, you will restrict SBC's ability to administer your plan. Further, if you withdraw your consent, SBC may not be able to offer you products and services and you will limit SBC's ability to pay your claim(s).

**16. Right to designate a person:** SBC reserves the right to restrict or deny your right to designate persons to whom insurance money is payable.

**17. Statutory limitation:** Every action or proceeding against an insurer for the recovery of insurance money payable under the *Policy* is absolutely barred unless commenced within the time set out in *The Limitations Act*, L-16.1 or other applicable legislation.

**18. Material facts:** 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.

**19. Limitations on liability:** Neither SBC nor the Travel Assistance *Provider*, nor SBC's third-party providers, shall be responsible or liable for the availability, quality or results of any medical *Treatment* or transportation or your failure to obtain medical *Treatment*.

**20. Severability:** If one or more provisions in this *Policy* are found to be invalid or unenforceable, such provision will be deemed to be severable from the remaining provisions of this *Policy* and the remaining provisions will be valid.

**21. Waiver:** No waiver of any provision of this *Policy* shall be valid unless expressly made in writing under the corporate seal of SBC.

**22. Coordination of benefits:**

- a. After any benefit payable by a *Government Health Plan* has been determined, if the *Insured* is simultaneously eligible for similar benefits under any other non-government plan, the remaining *Eligible Expenses* will be coordinated with those other insurance plans. If any other plan does not contain a coordination of benefits provision, the benefits payable under that plan will be determined first.
- b. For *Emergency* expenses incurred outside of Saskatchewan or outside of Canada, VIP Travel Benefits is considered a secondary plan and is excess to all others. *Eligible Expenses* will be coordinated equally with any other plans that are excess to all others.

- 23. Excess coverage to other plans:** This *Policy* is in excess only of all other insurance plans or amounts recoverable by any other party. If *SBC* pays *Eligible Expenses* to you and a third party makes payment for those same benefits, you are responsible for reimbursing *SBC* the amount previously paid by *SBC*.
- 24. Subrogation:** In the event of any payment of benefits under the *Policy*, *SBC* shall be subrogated to all the rights of recovery 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, do all acts as may be necessary to secure and enforce such rights and shall do nothing after loss to prejudice such rights.
- 25. Overpayments:** 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 *SBC* for the amount of benefits so paid by *SBC*.
- 26. Reasonable and Customary:** 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*.
- 27. Notice:** 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 email address or mailing address given by the *Policyholder* on his/her application.
- 28. Privacy:** *SBC* is committed to respecting and safeguarding personal information entrusted to *SBC*. *SBC* and *SBC*'s Travel Assistance Provider and third-party providers will comply with all applicable privacy legislation. *SBC* has a privacy code which governs *SBC*'s collection, use and disclosure of personal information (including personal health information).
- A copy of *SBC*'s current privacy code is available from *SBC* on request or on *SBC*'s website at [sk.bluecross.ca/legal/privacy](http://sk.bluecross.ca/legal/privacy). By becoming *SBC*'s customer or filing a claim for benefits, you agree to allow your personal information to be collected, used and disclosed in accordance with *SBC*'s privacy code.
- 29. Underwriting:** Unless otherwise stated in this *Policy*, all benefits are underwritten by Saskatchewan Blue Cross. For more information, visit [sk.bluecross.ca/underwriting](http://sk.bluecross.ca/underwriting).

## General Exclusions

The following General Exclusions apply to all benefits within this *Policy*.

- 1. Coverage period:** No benefits are payable for *Eligible Expenses* incurred by you or on your behalf prior to the effective date of coverage, after the termination date of coverage, or after this *Policy* is terminated.
- 2. Duplication of services:** No benefits are payable for, or provided for, that are a duplication of any service, allowance or reimbursement supplied by an existing *Government Health Plan* or private plan.
- 3. Criminal or illegal activity:** No benefits are payable for any claims that result from or are related to your involvement in the commission or attempted commission of a criminal offence or illegal act.
- 4. Medical tourism:** No benefits are payable for any services in the nature of respite or travel for health.
- 5. Cosmetic purposes:** No benefits are payable for any services rendered or products purchased for cosmetic purposes.
- 6. Risky activities** — No benefits are payable for any claims that are a result of an *Accident* that occurs while you are participating in:
  - a. Any sporting activity for which you are paid;
  - b. Any sporting event for which the winners are awarded cash prizes;
  - c. Any extreme sport or activity involving a high level of risk, including but not limited to:
    - i. Hang-gliding and paragliding;
    - ii. Parachuting and sky diving;
    - iii. Bungee jumping;
    - iv. Climbing or mountaineering;
    - v. Kite surfing;
    - vi. Scuba diving, outside the limits of your certification;
    - vii. Any combat sport; or
    - viii. 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;
  - d. Any risky behaviour, including but not limited to:
    - i. Not following security requirements and/or not obeying warning signs;
    - ii. Entering into restricted zones.



7. **Air Travel:** No benefits are payable for 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.
8. **Familial relation:** No benefits are payable for any services or products prescribed or rendered by an *Immediate Family* member of the *Insured* or by a person who normally resides with the *Insured*.
9. **Self-prescribed:** No benefits are payable for any services or products that are self-prescribed.
10. **Substance abuse:** No benefits are payable for any expenses incurred due to the abuse of medication, toxic substances, alcohol or the use of non-prescribed *Drugs*.
11. **Result of conflict** — No benefits are payable for any claims incurred in relation to your willing participation in:
  - a. An act of war, whether declared or undeclared;
  - b. An insurrection, riot or civil disorder;
  - c. Hijacking;
  - d. Kidnapping; or
  - e. Terrorism.
12. **Medically Necessary:** No benefits are payable for any medical expenses which, in the opinion of SBC's medical consultants, are not *Medically Necessary* and appropriate based on the nature and severity of your *Medical Condition* including benefits which are on the written order of a *Physician*.
13. **Ineligible Provider:** SBC may, at SBC's discretion, from time to time, review the qualifications, practices and claims of a *Provider* and deem a certain *Provider* ineligible. In such case, SBC reserves the right, in SBC's sole discretion, to refuse to accept claims submitted to SBC by or on behalf of you in relation to that *Provider*. SBC also has the right to suspend or deny payment of a claim for any services or supplies prescribed, rendered or dispensed by a *Provider* who is under investigation by a regulatory body or by SBC or who has been charged with an offence in regard to the *Provider's* conduct or practice.
14. **Unapproved Treatment:** No benefits are payable for any service or *Treatment* that contravenes any legislation enacted by any government in Canada, and medical expenses for services or supplies which are experimental in nature or that are not considered to be effective.
15. **Work and volunteer:** No benefits are payable for any claims incurred for work-related *Accidents*, service in the armed forces, willful exposure to peril, work within a hazardous occupation or mission and/or relief work.

## Definitions

The following definitions apply to all benefits detailed under this *Policy*.

### 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.

### Beneficiary

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

### Benefit Module

Means the category of benefit (Extended Health, Prescription Drug, Dental) covered under this *Policy*.

### Blue Cross Life®

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

### Confirmation of Coverage

Means the documents issued by *SBC* to the *Policyholder* which confirms the coverage purchased under this *Policy*.

### Dental Fee Guide

Means the General Practitioners' *Dental Fee Guide* in Saskatchewan.

### 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 Confirmation of Coverage* or in a supplemental notice received and accepted by *SBC*.

### Drugs

Means 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, Dentist* or other qualified health professionals authorized by law.
- Legally require a prescription from a *Physician, 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 *SBC* in accordance with the provisions of this *Policy*.

### Emergency

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

### Formulary

Means a list of prescription *Drugs* that are eligible for coverage and have been approved by *SBC*.

### Government Health Plan

Means insurance provided by or under the administrative control of any Canadian provincial or territorial government or governmental agency in accordance with any law (other than the *Employment Insurance Act of Canada*) or any plan providing insurance coverage regulated by any government, including but not limited to health insurance, drug programs and the provincial or territorial *Worker's Compensation Act*.

### 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.

### Illness

Means a sickness, infirmity or disease that occurs and requires *Emergency medical Treatment* as a result of a sudden onset of symptoms.

### 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 *SBC*.

### Injury

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

### In-patient

Means a patient confined to a *Hospital* for more than 24 hours on the recommendation of the attending *Physician*.

### Insured

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

### Life Event

Means marriage or common law union, legal separation or divorce, the addition or removal of a *Dependent* child from your *Policy* or the death of a *Dependent*.

### Medical Condition

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

### Medically Necessary

Means a *Treatment*, service or supply needed to diagnose or treat a *Medical Condition* or its symptoms, that meets accepted standards of medicine.

## 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.

## 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 *Confirmation of Coverage*, as defined herein, and this document, including any subsequent amendments made by *SBC*.

## Policyholder

Means the person who has applied for and been accepted by *SBC* for coverage under this *Policy* and excludes a *Partner* and any *Dependents*.

## Policy Year

Means the consecutive 12-month period that begins on the effective date of your *Policy*.

## Premium

Means the amount of money charged by *SBC* 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.

## Provider

Means the person, clinic, business or professional corporation that is qualified as deemed appropriate by *SBC*, licensed where applicable, operating within the principles of any governing professional college or association and operating within the laws of the province or jurisdiction in which the services are delivered.

## Reasonable and Customary

Means charges and quantities incurred for goods and services that are deemed fair and typical, as determined by *SBC*. 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 *SBC*, foreign students and/or other temporary residents are exempt and do not qualify under this *Policy*.

## SBC

Means Medical Services Incorporated, operating as Saskatchewan Blue Cross.

## Stable

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

- a. There has not been any new *Treatment* prescribed or recommended, or change(s) to existing *Treatment* (including a stoppage in *Treatment*), and
- b. 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
- c. There has not been any new, more frequent or more severe symptoms, and
- d. There has been no hospitalization or referral to a specialist, and
- e. 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*.

## 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.

## Trip

Means the total number of days the *Insured* is outside of Saskatchewan.



# Empowering healthy lives.

## GET IN TOUCH

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

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Contact your local insurance advisor

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