SASKATCHEWAN BLUE CROSS®

CONVERSION POLICY

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IMPORTANT NOTICE – PLEASE READ YOUR POLICY CAREFULLY

This Policy contains a description of the Core Health Benefits and Optional Benefits available with Conversion Plans. Refer to your original offer letter to identify your benefits, as you may not have purchased all optional benefits available and/or you may have specific exclusions and limitations.

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

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

Travel Benefits

Saskatchewan Blue Cross travel insurance is designed to cover losses arising from a sudden and unforeseeable Medical Emergency. It is important that you read and understand your Policy before you travel as your coverage may be subject to certain limitations or exclusions.

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

Anyone travelling outside Saskatchewan to seek medical or dental advice or treatment, even if the trip is on the recommendation of a Physician or Dentist is not eligible for coverage under Out-of-Saskatchewan (Within Canada) Emergency Benefits or VIP Travel.

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

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

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

All other locations **306.667.5299** collect

Be prepared to provide your Policy number and a brief description of the Medical Emergency.

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).

Section A: Definitions

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

Accident

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

Application for Insurance

Means the "Conversion Plan Application" completed by the Policyholder when applying for this Policy, including any forms (hard copy or online) attached to or submitted in support of the document, which consequently form part of that document.

Beneficiary

Means the Policyholder if living, otherwise the Spouse if living, otherwise the Estate.

Benefit Survival Period

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

Blue Cross Life

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

Dentist

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

Dependent

Means a Policyholder's:

- Spouse
- unmarried child up to eighteen (18) years of age
- unmarried child under twenty-five (25) years of age undergoing full time student education
- child who due to physical or mental infirmity cannot leave the care of the Policyholder

Dependents must be listed in the Policyholder's Conversion Application or in a supplemental notice received and accepted by Saskatchewan Blue Cross. Any person who ceases to meet any of the above requirements shall thereupon cease to be included under the Policy.

Drugs

Prescribed pharmaceuticals that:

- have been approved by the Federal Drug Information Division, Health Protection Branch, for resale by licensed retail pharmacies
- are dispensed by a licensed pharmacy, or attending Dentist or Physician, and are not available over-the-counter
- have been assigned a Drug Identification Number in Canada, and
- have been prescribed by a Physician or Dentist for treatment but not diagnosis

Eligible Expenses

Means expenses for services and charges for the benefits outlined in this Policy that are usual, customary and reasonable as determined by Saskatchewan Blue Cross.

Hospital

Means a facility defined as a hospital by the Saskatchewan Minister of Health in which is provided the care and treatment of resident Inpatients with a registered graduate nurse (RN) always on duty, but does not include any facility or institution which is licensed or primarily used as a clinic, continued or extended care facility, convalescent home, rest home, nursing home, home for the aged, health spa, rehabilitation centre or treatment centre for substance abuse.

Immediate Family

Means the Policyholder's legal or common-law Spouse, 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.

Injury

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

In-patient

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

Insured

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

Insurer

Means Saskatchewan Blue Cross.

Lifetime Maximum

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

Medical Emergency

Means a sudden and unforeseeable illness or Accident that occurs outside Saskatchewan which requires immediate medical attention or treatment to prevent a threat to the life or health of the Insured or minimize such a threat. A Medical Emergency ends if or when the condition is stable enough to allow a return to Saskatchewan for any further investigation or treatment that may be required.

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 qualified and licensed as a doctor of medicine who is entitled to practice medicine and/or surgery under the laws of the place where the services are provided.

Policy

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

Policyholder

Means a person who has applied and paid the appropriate Premium to Saskatchewan Blue Cross for the purpose of retaining the coverage benefits of a specific plan offered by Saskatchewan Blue Cross, and whose application has been accepted by Saskatchewan Blue Cross.

Preferred Hospital Accommodation

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

Premium

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

Private Duty Nurse

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

Provider

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

Spouse

Means a person, insured by Saskatchewan Health, who is legally married to the Policyholder or who has continuously resided with the Policyholder in a common-law relationship for at least twelve (12) months and is publicly represented as such.

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

Section B: Core Health Benefits

IN-PROVINCE BENEFITS

The following Eligible Expenses are covered under the Conversion Plan.

Ambulance

Charges for emergency ambulance services, including air ambulance within Saskatchewan, required to transport an Insured stretcher patient to the nearest Hospital equipped to provide necessary treatment following a

serious accidental Injury or sudden attack of a serious illness. The services must be provided by a licensed ambulance and must commence in Saskatchewan.

Charges for ambulance services required to transport an Insured patient to their home residence, or another Hospital for continuing care, when ordered by an attending Physician following emergency Hospital treatment, payable at fifty percent (50%).

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

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

Hospital

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

Private Duty Nursing

Services of a Private Duty Nurse where the services (excluding palliative and respite care) have been ordered by the attending Physician for an Inpatient as well as in the home of the Insured (excluding nursing homes), for care consistent with the diagnosis and treatment of the condition of the Insured, immediately following discharge from the Hospital. Saskatchewan Blue Cross will reimburse the Insured for eighty percent (80%) of the cost to a maximum of $2,500 per Insured per Policy year.

Accidental Dental

Charges for dental treatment when natural teeth have been damaged by a direct, accidental blow to the mouth (but not by an object wittingly or unwittingly placed in the mouth), or a fractured or dislocated jaw requiring setting. This dental treatment must be rendered or reported and approved for payment by Saskatchewan Blue Cross within six (6) months of the Accident. Eligible Expenses will be the Dentist's usual and customary fee up to the current Dental Fee Guide for general practitioners in effect in Saskatchewan. Dental services in excess of $500 require pre-approval by Saskatchewan Blue Cross.

Medical Equipment

Charges for the purchase of a wheelchair and/or hospital bed based on 80% of the purchase cost or 100% of the rental cost to a lifetime maximum of $500 per Insured.

Charges for the purchase of a patient walker based on 80% of the purchase cost or 100% of the rental cost to a lifetime maximum of $300 per Insured.

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

Replacement or repairs are not covered.

The combined lifetime maximum for all Medical Equipment is $1,500 per Insured.

Hearing Aids

Following a period of 12 months from the effective date of coverage, charges for hearing aids (excluding batteries) are eligible to a maximum of $800 per Policyholder and/or Spouse in a five (5) year period.

Dependent Children are eligible for 2 hearing aids (one for each ear) to a maximum of $800 per hearing aid per Dependent child in a three (3) year period.

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

Replacement or repairs are not covered.

Prosthetic & Medical Appliances

- Charges for the following appliances or supplies when prescribed by a Physician and required for medically necessary purposes on a daily basis: artificial eyes, limbs, crutches, canes, casts, splints, metal braces (excluding dental splints and braces), aerochambers, nebulizers, trusses, rib belts, sacroiliac corsets, embolic stockings, cervical collars
- Charges for the purchase of wigs when prescribed by a Physician and required as a result of illness, Injury or a medical condition, up to $250 per Insured per Policy year
- Charges for the purchase of breast prostheses once in any twenty-four (24) month period

Diabetic Supplies & Equipment

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

Charges for poking devices and glucose meters (or equipment approved by Saskatchewan Blue Cross that performs similar functions) used for the treatment and control of diabetes.

The combined maximum for diabetic supplies and equipment is $500 per Insured per Policy year.

Ostomy Supplies

Charges for ostomy supplies as recommended by a Physician for non-hospital treatment, which may or may not include skin barrier protectors, ostomy pouches, deodorizer, stoma paste, cleaning supplies, tubing, and tourniquets, up to $500 per Insured per Policy year.

Health Practitioners

Charges for diagnosis or treatment by a licensed chiropodist/podiatrist, physiotherapist/athletic therapist, chiropractor, clinical psychologist, registered massage therapist, naturopath, acupuncturist or speech-language pathologist, except when performed in a Hospital, up to $300 per Insured per Policy year for each type of practitioner. A physician referral may be required for the services of a registered massage therapist.

Orthopaedic Shoes & Supplies

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

Blood Pressure Monitors

Charges for the purchase or rental of a blood pressure monitor on the written authorization of a Physician, once in a five (5) year period.

Mobility Aids

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

Vision Care

Charges for one eye examination, including eye refractions, performed by a licensed optometrist or ophthalmologist, up to $75 per Insured once in any twenty-four (24) month period. Charges for prescription eyewear up to $100 per Insured once in any twenty-four (24) month period.

Exclusions and Limitations for In-Province Benefits

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

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

OUT-OF-PROVINCE REFERRAL BENEFITS

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

Ambulance

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

Ambulance Attendant

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

Hospital

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

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

Physicians and Surgeons

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

Exclusions and Limitations for Out-Of-Province Referral Services

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

1. The referral outside Saskatchewan must be medically necessary for a life threatening condition and must not be for services available in Saskatchewan, as determined by Saskatchewan Blue Cross. Without extending the foregoing, medical services for the following procedures or complications due to these procedures are expressly excluded from coverage: invitro fertilization or any other fertility method, sterilization, implants including contraceptive or penile implants, and liposuction.
2. The claim must have prior approval for payment from Saskatchewan Health and from Saskatchewan Blue Cross.
3. Payment will be made for the reasonable and customary charges of the Provider for the services or supplies in the area in which the services are rendered.
4. Payment will only be made for services and supplies rendered while the Insured was under the active treatment of a licensed Physician.
5. Payment will not be made for diagnosis and/or treatment of any illness:
    - commencing within twelve (12) months after the Insured's effective date of coverage
    - for which the Insured has received medical treatment or has been prescribed Drugs twelve (12) months prior to the effective date of this coverage
    - where the condition existed prior to the effective date of this coverage
6. The services must not be for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

OUT-OF-SASKATCHEWAN (WITHIN CANADA) EMERGENCY BENEFITS

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

Ambulance

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

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

Hospital Accommodation

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

Nursing

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

Medical Appliances

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

Prescription Drugs

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

Health Practitioners

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

Physicians and Surgeons

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

Diagnostic

X-rays, examinations, diagnostic and laboratory procedures.

Return of Deceased

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

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

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

1. No benefits are payable for an Insured travelling outside Saskatchewan primarily or incidentally to seek medical advice or treatment, even if such a trip is on the recommendation of a Physician.
2. No benefits are payable for elective treatment or surgery. This includes treatment or surgery:
    - not required for the immediate relief of acute pain and suffering
    - which reasonably could be delayed until the Insured has returned to Saskatchewan
    - which the Insured elects to have rendered or performed outside Saskatchewan following a Medical Emergency for a medical condition which (on medical evidence) would not prevent the Insured from returning to Saskatchewan prior to such treatment or surgery
3. No benefits are payable if the Insured receives the same benefits from a third party insurer.
4. Saskatchewan Blue Cross, in consultation with an attending Physician, reserves the right to return the Insured to Saskatchewan. If any Insured is (on medical evidence) able to return to Saskatchewan following a Medical Emergency treatment for a medical condition which requires continuing medical services, treatment or surgery, and the Insured elects to have such treatment or services rendered or surgery performed outside Saskatchewan, the expense of such continuing medical services, treatment, or surgery will not be covered by this Policy.
5. No benefits are payable for any charges incurred for treatment of a condition, illness or Injury, or for stabilizing a condition, illness or Injury, that arose in the Province of Saskatchewan and was known to the Insured prior to leaving Saskatchewan, or that the Insured was being treated for in Saskatchewan prior to leaving. A pre-existing condition will not be covered if the medical condition, illness or Injury for which symptoms occurred required medical investigation, diagnosis, treatment or hospitalization ninety (90) days immediately preceding the departure date. If the medical condition has been stable or controlled by consistent treatment with prescribed medication, and no medical attention after departure would have been reasonably anticipated, this exclusion does not apply.
6. No benefits will be payable for any claims incurred outside of Saskatchewan associated with the required confinement of the Insured or a Spouse due to pregnancy, child birth, and delivery if any portion of travel outside of Saskatchewan falls after the thirty-second (32nd) week of gestation.

FUNERAL EXPENSE BENEFITS

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

ACCIDENTAL DEATH & DISMEMBERMENT BENEFITS

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

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

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

The amount payable shall be the following percentage of the amount of accidental death and dismemberment insurance for each Insured on the date of the Injury. The maximum amount payable for all losses sustained as a result of the same Accident shall not exceed one hundred percent (100%) of the amount of insurance. The maximum amount payable for the Policyholder is $25,000, for the Spouse is $25,000 and for each other Dependent is $5,000.

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

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

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

Exposure and Disappearance

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

Exclusions and Limitations for Accidental Death & Dismemberment Benefits

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

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

1. Illness or disease of any kind, or medical or surgical treatment, other than septic infection caused through a wound accidentally sustained; and
2. Travel or flight in, or descent from, any kind of aircraft if the Insured:
   - is a member of the aircraft crew
   - has any duties relating to the operation, maintenance, testing or control of the aircraft
   - is on the aircraft for the purpose of instruction or training

Section C: Optional Benefits

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

PRESCRIPTION DRUGS

Saskatchewan Blue Cross shall provide payment of eighty percent (80%) for Drugs prescribed to an Insured and listed in the Saskatchewan Drug Plan Formulary, up to $500 per Insured per Policy year, or up to $1,500 per Insured per Policy year when the enhanced coverage option has been selected.

Exclusions and Limitations for Prescription Drugs

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

Without extending the foregoing, the following Drugs are expressly excluded: in-hospital drugs, drugs not covered on the Saskatchewan Drug Plan Formulary (including

drugs that have received exception drug status [EDS]), over-the-counter drugs, ingestive vitamins, smoking cessation drugs, atomizers, vaporizers, salt and sugar substitutes, infant formula, dietary food and aids, contact lens care products, fertility drugs, sexual dysfunction drugs, skin cleansers, emollients and soaps, experimental drugs, Rogaine or any other products prescribed to restore hair growth, and any medication prescribed for cosmetic purposes.

Notwithstanding the prescription of a certain brand of Drug, Saskatchewan Blue Cross shall pay only for the lowest priced brand of the prescribed Drug available in Saskatchewan.

No benefits are payable for prescription drugs purchased outside of Canada.

DENTAL

Saskatchewan Blue Cross will pay up to the fees listed in the College of Dental Surgeons of Saskatchewan's Suggested Fee Guide for General Practitioners. Dental benefits are subject to a 3 month waiting period. Services in excess of $500 require pre-approval by Saskatchewan Blue Cross.

Reimbursement will be based on the following:

- 75% of basic services up to a maximum of $750 per Insured per dental Policy year after 3 months of continuous dental coverage
- 80% of basic services and 50% of major services up to a combined maximum of $1,000 per Insured per dental Policy year after 1 year of continuous dental coverage
- 80% of basic services and 50% of major services up to a combined maximum of $1,500 per Insured per dental Policy year after 2 years of continuous dental coverage

Continuous coverage must be maintained in order for dental benefits to be eligible. If the dental option under this Policy is cancelled, it cannot be reinstated.

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

The 3 month waiting period will be waived provided the Insured had dental benefits under the previous employer benefits plan for 3 continuous months at the time of cancellation. If the waiting period is waived, coverage will continue uninterrupted based on the number of years dental benefits were held under the previous employer benefits plan.

Basic Services

Diagnostics

Clinical Oral Examination

Complete oral examination of new patient (one per three Policy years per Dentist)

Recall oral examination (one per Policy year)

Emergency oral examination (two per Policy year)

Specific oral examination (two per Policy year)

Analysis of mixed dentition (one per lifetime)

Radiographs (including tracing and interpretation)

Periapical (four per Policy year)

Postero-anterior and lateral skull and facial bone

Use of radiopaque dyes

Full mouth series, including bitewings[1]

Panoramic[1]

[1](one of either type every three Policy years)

Cephalometric (five per two Policy years)

Occlusal (two per Policy year)

Bitewing[2]

Temporomandibular joint (TMJ)[2]

[2](four of each type per Policy year)

Tests and Laboratory Examinations

Pulp vitality tests

Histological tests

Preventative Services

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

Polishing[3]

Fluoride treatment[3]

Oral hygiene instruction/plaque control[3]

[3](one of each per Policy year)

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

Space maintainer appliances, maintenance and repairs

Interproximal disking of teeth

Protective appliance (one per Policy year)

Basic Restorative Services

Caries, trauma and pain control

Amalgam (metal) and tooth coloured (plastic) restorations

(five surfaces per tooth every two Policy years)

Full coverage prefabricated restorations (metal and plastic)

(one per tooth per Policy year)

Repairs to inlays, onlays or crowns

Removal of inlays, onlays, crowns or veneers

Recementation/rebonding of inlays, onlays, crowns or veneers

Retentive pins

Endodontic Services

Treatment of Pulp Chamber

Pulpotomy

Pulpectomy

Root Canal Therapy

Root canal treatment (one per tooth per lifetime)

Apexification (insertion of dentogenic media)

Periapical Services

Apicoectomy/apical curettage

Retrofilling

Root amputation

Hemisection

Intentional removal of tooth, apical filling and replantation

Other Endodontic Procedures

Emergency opening and drainage of canal

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

Periodontic Services

Non-Surgical Services

Management of oral infections

Desensitization (four units per Policy year)

Surgical Services

Gingival curettage

Gingivoplasty

Gingivectomy

Flap approach surgery

Grafts

Guided tissue regeneration

Miscellaneous procedures

- distal wedge procedure
- periodontal abscess or pericoronitis

Adjunction Periodontal Services

Provisional splinting or ligation

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

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

Periodontal Appliances[4]

Maintenance, adjustments, repairs and relines

TMJ Appliances[4]

Maintenance, adjustments, repairs and relines

Myofacial Pain Syndrome Appliances[4]

Maintenance, adjustments, and repairs

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

Basic Prosthodontic Services - Removable

Denture Repairs and Additions

Denture repairs - adjustments (two units per Policy year)

Additions to partial dentures

Denture prophylaxis and polishing (one per Policy year)

Denture Reline and Denture Rebase[5]

Complete and/or partial denture

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

Other Basic Prosthetic Services

Tissue conditioning[6]

Resilient liner[6]

[6](two every two Policy years)

Basic Prosthodontic Services - Fixed Repairs

Replace broken prefabricated attachable facings

Removal of fixed bridge

Repair of fixed bridge

Recementation

Oral Surgery

Extractions

Erupted teeth

Impacted teeth

Residual roots

Surgical exposure of teeth

Surgical movement of teeth

- transplantation of erupted or unerupted teeth
- surgical repositioning of teeth
- surgical enucleation of unerupted teeth and follicle

Remodelling and Recontouring Oral Tissues

Alveoplasty

- either in conjunction with or not in conjunction with extractions
- remodelling of bone
- excision of bone
- reduction of bone
- removal of bone

Gingivoplasty and/or stomatoplasty

- either in conjunction with or not in conjunction with extractions
- excision of vestibular hyperplasia
- surgical shaving of papillary hyperplasia of the palate
- excision of pericoronal gingiva

Surgical Excisions and Incisions

Excisions

- benign tumours
- enucleation of cysts/granulomas
- excision of cyst
- marsupialization of cyst

Incisions

- drainage and/or exploration, intraoral
- drainage and/or exploration, extraoral
- removal of foreign bodies

Sequestrectomy

Other Oral Surgery Services

Replantation of avulsed teeth

Repositioning of traumatically displaced teeth

Frenectomy/frenoplasty

Antral surgery

- recovery of foreign bodies
- lavage
- oral-antral fistula closure

Control of hemorrhage

Adjunctive General Services

Neuroleptanalgesia

Conscious sedation

- inhalation technique
- intravenous sedation
- intramuscular injections of sedative drugs
- combined techniques of inhalation plus intravenous and/or intramuscular injection
- hypnosis

Unscheduled office or institutional visit after regular hours

Major Restorative Benefits

Extensive Restorative Procedures

Inlay and Onlay Restorations

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

- metal
- composite
- porcelain/ceramic

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

- cast metal
- prefabricated

Indirect overdenture restorative services (one every five Policy years)

- metal cast coping crown with or without attachment

Crowns (one per tooth every five Policy years)

Plastic

Porcelain/ceramic

Cast metal

Crowns made to an existing partial denture clasp

Metal/plastic transfer copings

Laboratory processed veneers

- plastic
- porcelain/ceramic

Prosthodontic Services - Removable

Complete Dentures[7]

Standard

Transitional

Overdenture

Attached to implants

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

Partial Dentures[8]

Acrylic

- without clasp
- with resilient retainer
- with metal wrought/cast clasp and/or rests
- with metal wrought palatal/lingual bar and clasp and/or rests
- overdenture with cast/wrought clasps and/or rests

Cast with acrylic base

- free end with cast frame/connector, clasp and rests
- free end with swing lock/connector
- tooth borne with cast frame/connector, clasp and rests
- cast with precision attachments
- cast with stress breaker attachments
- cast, overdenture, removable

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

Prosthodontic Services - Fixed Bridge

Pontics (one per tooth every five Policy years)

Cast metal

Porcelain

Acrylic/plastic/composite

Natural tooth

Retainers (one per tooth every five Policy years)

Porcelain/ceramic

Porcelain fused to metal

Cast metal

Metal, 3/4 cast

Other Fixed Prosthetic Services (one every five Policy years)

Abutment preparation under existing partial denture clasp

Telescoping crown unit

Fixed porcelain prosthesis to replace a substantial portion of the alveolar process

Retentive pins

Orthodontic Benefits

Prevention or correction of irregularities of the natural teeth.

Exclusions and Limitations for Dental

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

1. Any charge by a Dentist in excess of a payment made by Saskatchewan Blue Cross pursuant to this Policy is the responsibility of the Insured
2. Major restorative benefits include replacement of dentures that are at least five (5) years old and which cannot be made serviceable
3. Replacement of dentures that have been lost, mislaid or stolen is not insured
4. No benefits are payable for orthodontic services strictly for cosmetic reasons
5. No benefits are payable for implants and/or services performed in conjunction with implants
6. No benefits are payable for bleaching of vital teeth
7. Premiums paid for Dental are non-refundable
8. No benefits are payable for dental services performed outside of Canada

HOSPITAL CASH

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

- Under the age of sixty-five (65), $100 per day up to fifty (50) consecutive days of hospitalization
- Age sixty-five (65) and over, $100 per day up to thirty (30) consecutive days of hospitalization

Benefit commences on:

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

In computing the number of days, the day of admission shall be counted as one day, but the day of discharge shall not be counted unless it is also the day of admission.

Exclusions and Limitations for Hospital Cash

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

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

VIP TRAVEL

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

Travel Assistance

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

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

Hospital Services

Accommodation

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

Outpatient

Outpatient services provided by a Hospital.

Health Care Professionals

Physicians

Services provided by a Physician.

Paramedical Services

Up to twelve (12) treatments by a chiropodist/podiatrist, chiropractor or physiotherapist/athletic therapist.

Private Registered Nurse

Services provided by a qualified, private registered nurse (not a relative) who performs registered nurse designated nursing duties during and immediately following hospitalization, when ordered by the attending Physician.

Prescriptions, Treatments and Diagnostic Services

Prescriptions

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

Treatments

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

Diagnostic Services

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

Medical Appliances

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

Emergency Dental Care

Accidental Dental

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

Relief of Dental Pain

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

Transportation

Ambulance Services

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

Medical Evacuation by Air Ambulance

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

Repatriation by Commercial Flight

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

Medical Attendant

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

Friend/Family Hospital Visits

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

- visit an Insured confined in Hospital. This benefit requires the Insured to have been an In-patient for a Medical Emergency for at least seven (7) days outside Saskatchewan
- identify the deceased prior to the release of the body, where necessary

Return of Deceased

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

Vehicle Return

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

Post-Departure Trip Interruption

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

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

Meals and Accommodation

Up to $150 per Insured per day to a maximum of $1,500 per Insured, for commercial accommodation and meals when the return to Saskatchewan is delayed beyond the planned termination date of his/her trip due to illness of or Accident to a travelling companion or an Insured.

Baggage and Personal Effects

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

Automatic Extension of Coverage

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

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

Air Flight and Common Carrier Accident Coverage

The Insurer's maximum liability is limited to $100,000 for any one Insured to whom a transportation ticket has been validly issued.

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

- a certified passenger aircraft provided by a regularly scheduled airline and operated by a properly certified pilot.
- any land conveyance licensed for the transportation of passengers while travelling to and from an airport immediately preceding departure or immediately following arrival of such aircraft.
- any other public conveyance, excluding air, licensed to convey passengers for hire.

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

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

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

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

Conditions

a. Insurer has the right and the claimant shall afford to the Insurer an opportunity to examine the person of the Insured so often as it may be reasonably required when a claim under this insurance is pending.

b. Any claim for indemnity under this insurance must be submitted within ninety (90) days of the date of the Accident for which the claim is made and must be substantiated by a certificate from the attending Physician at the place of the occurrence of the Accident attesting to the actual injuries sustained.

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

Statutory Conditions

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

Exclusions and Limitations for VIP Travel

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

The following exclusions and limitations apply to VIP Travel.

1. The maximum period of coverage shall not exceed thirty (30) consecutive days for any one trip. Coverage commences the day the Insured leaves Saskatchewan and terminates the day the Insured returns to Saskatchewan.
2. No benefits are payable if an Insured holds a work visa from the country to which they are travelling or if an Insured is attending an educational institution outside Canada.
3. Any expenses related to a pre-existing medical condition (whether or not the condition has been diagnosed or the diagnosis has changed) for which any symptoms occurred during the ninety (90) days immediately preceding the departure date and/or for which the Insured:
   - consulted a Physician or Dentist
   - was hospitalized
   - was prescribed new medication or a change in dosage
   - received medical investigation or was advised to do so
   - received treatment or was advised to do so
   - was on a waiting list for medical investigation or treatment
   - was waiting for test results
   - ignored or did not follow recommended medical advice or treatment
4. Any expenses incurred due to a Medical Emergency that occurred in a country, region or city during an Insured's trip when, prior to the departure date, a travel warning of "Avoid Non-Essential Travel" or "Avoid All Travel" was posted on the Department of Foreign Affairs and International Trade Canada website (www.travel.gc.ca).

5. Saskatchewan Blue Cross, in consultation with an attending Physician, reserves the right to transfer the Insured to another Hospital or return the Insured to Saskatchewan. Refusal to comply with the transfer request will absolve Saskatchewan Blue Cross of any further liability, whether that liability is related to the initial incident or not.
6. Any expenses not relating to a Medical Emergency, including but not limited to:
   - treatment not required for the immediate relief of acute pain or suffering
   - follow-up treatment after an initial Medical Emergency has ended or on-going maintenance of an existing condition
   - elective treatment for a medical condition which would not prevent the Insured from returning to Saskatchewan prior to such treatment
   - treatment that medically could have been delayed until the Insured has returned to Saskatchewan
   - general health examinations for check-up purposes
   - treatment for cosmetic purposes
7. Any expenses relating to treatment due to a reoccurrence of a medical condition that was previously treated while the Insured was outside Saskatchewan.
8. Any expenses incurred when an Insured travels outside Saskatchewan primarily, with intent, or incidentally to seek medical or dental advice or treatment, even if the trip is on the recommendation of a Physician or Dentist.
9. Any expenses incurred, directly or indirectly, as a result of AIDS or HIV.
10. Travel booked or commenced contrary to medical advice or after receipt of a terminal prognosis.
11. Any expenses associated with the required confinement of an Insured due to pregnancy/ childbirth and delivery, if any portion of the coverage term of this Policy falls after the thirty-second (32nd) week of gestation.
12. Reimbursement may be limited or declined if the Travel Assistance Provider is not contacted within 24 hours of the Medical Emergency.

13. Premiums paid for the VIP Travel are non-refundable.
14. No benefits for Hospital or medical services are payable until accounts have been appraised by Saskatchewan Health and benefits, if any, have been paid by that plan.
15. Payment will be made by Saskatchewan Blue Cross, directly to the Policyholder, Beneficiary, or Provider of service. Payment made in Canadian funds for expenses incurred in another currency will be based on the rate of exchange in effect at the time the service was provided or the product supplied, as determined by any Canadian chartered bank.
16. The Insured agrees to assign to Saskatchewan Blue Cross reimbursement or payment for any claims for benefits under the applicable Saskatchewan Health Insurance Act submitted by Saskatchewan Blue Cross in respect of Hospital and medical benefits provided outside Canada.
17. The amount payable under VIP Travel shall not exceed $5,000,000 (Canadian dollars) in total, per Insured.

Exclusions and Limitations for Baggage and Personal Effects

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

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

6. Benefits are not payable for sporting equipment, where such loss or damage is due to the use thereof.
7. Benefits are not payable for loss or damage caused by or resulting from contamination by radioactive material.

STUDENT ACCIDENT

To qualify for these benefits, Dependents must be in full-time attendance at an accredited Educational Institution in Canada.

Definitions

The following definitions apply only to Student Accident.

Dread Disease

Means acquired immune deficiency syndrome (AIDS), HIV, leukemia, diphtheria, encephalitis, tuberculosis, typhoid, tularemia, scarlet fever, spinal meningitis, poliomyelitis, tetanus, or rabies.

Educational Institution/School

Means a body of pupils organized as a unit for educational purposes under the jurisdiction of a board of education or a university or community college in Canada.

Insured Student

Means a Dependent:

- for whom Student Accident has been purchased.
- who is enrolled in and attending an accredited Educational Institution.

Benefits

Saskatchewan Blue Cross will pay the following for losses sustained by an Insured Student.

Accidental Dental

Charges for repair or replacement of partial or full dentures required as a result of an Accident, to a maximum of $200 per Insured Student per Policy year.

Physiotherapy/Athletic Therapy, Chiropractor or Speech Therapy

Charges for services provided by a physiotherapist/athletic therapist, chiropractor, or speech-language pathologist following an Accident, to a maximum of twenty (20) treatments, or $300 per Accident, per Insured Student per Policy year.

Vision Care

Charges for repair or replacement of eyeglasses or contact lenses damaged as a result of an Accident, providing the Injury has been treated by a Physician, to a maximum of $100 per Insured Student per Policy year.

Hearing Aids, Prosthetic and Medical Appliances

Charges for artificial eyes, limbs, crutches, canes, casts, splints, metal braces, (excluding dental splints and braces), trusses, rib belts, sacroiliac corsets, cervical collars, hearing aids when required as a result of an Accident and prescribed by a Physician to an overall maximum of $5,000 per Insured Student.

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

Emergency Transportation

Charges for emergency transportation to a Hospital or Physician's office required as a result of an Accident and return to the Insured Student's residence or School, to a maximum of $200 per Insured Student per Policy year.

Dread Disease

Charges for special care nursing to a lifetime maximum of $5,000 when an Insured Student is diagnosed as having a Dread Disease while this Policy is in force.

Charges for accommodation and food allowance to a maximum of $75 per day for a maximum of 40 days, for a parent or guardian who must leave their normal place of residence to be near the Insured Student.

Rehabilitation

Charges for training in a special occupation to a maximum of $5,000 per Insured Student for 3 years following the date of an Accident, when necessary for the Insured Student to pursue a gainful occupation.

Fracture or Dislocation Indemnity

When an Accident results in any of the fractures or dislocations listed below the following amounts for such fracture or dislocation will be payable. In the event of more than one (1) such indemnity, as a result of any one (1) Accident, the largest indemnity will be payable.

For Complete Fracture or Dislocation	
(including greenstick type fracture)	
of the skull (depressed)	$500
of the skull (not depressed)	$100
of the spine (one or more vertebra)	$150
of the lower jaw (alveolar process excepted)	$30
of the upper jaw	$75
of the shoulder	$40
of the clavicle (collar bone)	$40
of the scapula (shoulder bone)	$75
of the elbow	$40
of the hip	$125
of the pelvis	$125
of the thigh (femur)	$125
of the knee cap	$80
of the sacrum or coccyx	$50
of the sternum	$40
of the leg (tibia or fibula)	$75
of the upper arm (humerus)	$80
of the forearm (radius or ulna)	$50
of the hand or wrist (other than phalanges)	$50
of the foot (other than phalanges)	$40
of the ankle	$50
of two or more toes, fingers, or ribs	$30
of one rib	$15
of one finger or one toe	$25
of any bone not specified above	$10

Severance of Tendon or Tendons	
hand (including fingers)	$35
elbow	$50
wrist	$35
knee	$55
ankle	$60
foot (not toes)	$50
heel (Achilles')	$65

Burns	
(requiring one or more skin grafts)	$65

Knee	
(injured and requiring surgery when there is no fracture or dislocation)	$65

Punctured Lung	
(with open surgery)	$70

Bone Operation	
(removal of injured portion when there is no fracture or dislocation)	$60

Ruptured Kidney, Liver, Spleen	
(operative)	$80

Confinement

If, within thirty (30) days of an Accident, the Insured Student is continuously confined to home or Hospital, is under the care of a Physician, and is unable to attend classes due to such confinement, a benefit of $100 per month will be payable starting the thirty-first (31st) day of confinement for a maximum of twenty-four (24) consecutive months.

Tutorial Services

If within ninety (90) days of an Accident, the Insured Student is totally disabled in excess of thirty (30) consecutive days, a benefit of $15 per hour to a maximum of $2,000 per Accident will be payable. Tutorial services must be provided by a teacher certified by a Provincial Department of Education and provided within six (6) months of the Accident.

Special Treatment Travel

If Injury necessitates special medical treatment which cannot be obtained within a radius of one hundred sixty (160) kilometres (100 miles) of the Insured Student's residence, the Policy will pay reasonable travel expenses to obtain such treatment and, should the age of the Insured Student necessitate accompaniment by an escort, the person who accompanies the Insured Student will be paid for reasonable travel expenses plus ordinary living expenses up to $75 per day. The maximum total benefits payable under this section are subject to an aggregate limit of $2,250.

Travel Accident Emergency

In the event of an Accident when the Insured Student is travelling outside Saskatchewan, the Insurer will pay all medical and Hospital expenses in excess of the amount

paid by Saskatchewan Health, to a maximum of $50,000 per Accident.

Special Out-of-Province Treatment

Should Injury necessitate treatment outside Saskatchewan by a licensed Physician or surgeon, the Policy will pay the Eligible Expenses incurred for treatment and the charges for x-rays and laboratory services when ordered by the attending Physician up to the lifetime maximum of $50,000 in respect to any one (1) Accident, less the amount paid by Saskatchewan Health.

Benefits payable for Accident expense will be reduced by benefits paid under the Fracture or Dislocation Indemnity section and Saskatchewan Health coverage.

Accidental Death & Dismemberment

If an Insured Student suffers an accidental death or loss as described in this section, Blue Cross Life Insurance Company of Canada® will pay the amount of insurance specified for the loss.

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

In the event of more than one loss as a result of one Accident, settlement shall be made on the basis of the largest indemnity value.

Loss of life	$ 5,000
Loss of or loss of use of both hands or both feet	$ 25,000
Loss of the entire sight of both eyes	$ 25,000
Loss of or loss of use of one hand and one foot	$ 25,000
Loss of or loss of use of one hand or one foot and the entire sight of one eye	$ 25,000
Loss of speech and hearing	$ 25,000
Loss of hearing in both ears or speech	$ 15,000
Loss of or loss of use of one arm or one leg	$ 15,000
Loss of or loss of use of one hand or one foot	$ 10,000
Loss of the entire sight of one eye	$ 10,000
Loss of the entire thumb and entire index finger of the same hand	$ 5,000
Loss of any one entire finger or entire thumb	$ 750
Loss of all entire toes of one foot	$ 500
Loss of one or more entire toes	$ 50
Loss of part of any one finger or thumb	$ 150
Loss of entire phalanx of any one finger	$ 50

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

- With reference to hand or foot means complete severance at or above the wrist or ankle joint
- With reference to arm or leg means complete severance at or above the elbow or knee joint
- With reference to entire sight means the total and irrecoverable loss of sight, which is deemed to have occurred if sight cannot be restored by surgical or other means (such as the use of spectacles) to better than 20/200 vision during the lifetime of the Insured
- With reference to the thumb means complete severance at or above the metacarpophalangeal joint
- With reference to partial finger or thumb means complete severance at or above the proximal interphalangeal joint
- With reference to hearing or speech means permanent and irrecoverable loss
- "Loss of use of" means total and irrecoverable loss of use for twelve (12) continuous months after which the benefit is payable, provided the loss of use is determined to be permanent

Double Indemnity

The amount of indemnity for loss of life caused by an Accident will be doubled if such loss occurs while riding in, boarding or alighting from any school vehicle owned, leased or provided by a proper school authority or from any bus, streetcar, or subway coach.

Total and Permanent Disability

If Injury shall, within one hundred (100) days of the Accident causing such Injury, totally and permanently disable but not result in the loss of life of an Insured Student, Blue Cross Life will pay the amount of $50,000. To be totally and permanently disabled, the disability of the Insured Student must have continued for a period of twelve (12) consecutive months, and disability must be total, continuous and permanent at the end of that period; and must be such that the Insured Student is

prevented from ever engaging in any occupation or employment for compensation or profit.

If, in the event of Permanent Total Disability as defined above, an amount becomes payable and if, as a result of the same Injury, an amount is also payable under any other section of the Policy, then such amount(s) will be deducted from the amount payable for Permanent Total Disability, except for any amounts paid for dental expenses, accident expense, eyeglasses and contact lenses, emergency transportation, fracture or dislocation indemnity, and special treatment travel expense. Any amount payable under this section will be paid to the parent or guardian.

Optional Double Up Feature

Principal Sum Indemnity – Any of the accidental death and dismemberment losses (excluding loss of life) will be doubled to a maximum of $50,000.

Permanent and Total Disability Benefit – The amount will be doubled to a maximum of $100,000.

Optional Student Accident Life Insurance

Blue Cross Life will provide additional life insurance on the Insured Student from natural or accidental causes while insured by this benefit.

In the event of death of an Insured Student, in the absence of any written directions, Blue Cross Life shall pay to the Insured Student's parent or guardian the amount of life insurance for which the Insured Student is insured hereunder.

Exclusions and Limitations for Student Accident Benefits

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

Saskatchewan Blue Cross and Blue Cross Life shall not pay or be required to make payment for:

1. Any Injury or death which occurred prior to coverage or after termination of coverage
2. Services of tutors if provided by a Government operated program
3. Sickness or disease either as a cause or effect (except for Optional Student Accident Life Insurance Benefit, as defined herein)

CRITICAL ILLNESS

While coverage is in force, if an Insured becomes afflicted with a critical illness as defined in the covered conditions and survives the benefit survival period, Saskatchewan Blue Cross will pay one of the following applicable amounts in its entirety.

Person Covered	Level 1		Level 2
Policyholder	$10,000	or	$25,000
Spouse	$10,000	or	$25,000
Dependent children	$ 5,000	or	$10,000

As the benefit amount is payable once per lifetime for each person insured under this Policy, the lifetime maximum is limited to the option selected provided the premium is remitted in the usual manner. Medical certification, satisfactory to Saskatchewan Blue Cross, must be provided within three hundred sixty-five (365) days following the expiration of the benefit survival period.

The insurer will pay benefits in the amounts listed in this section on the following conditions:

a. All Dependents except newborn children may be added to this option only after satisfactory evidence of insurability is submitted to Saskatchewan Blue Cross.

b. No benefit shall be paid for a covered condition if symptoms or sickness

   - commenced within the Insured's first ninety (90) days of continuous coverage, or within ninety (90) continuous days of the date of the last reinstatement, whichever is later, and
   - result in prescribed medication, medical treatment, consultation, care or services by a physician (including diagnostic measures for any symptom or medical problem) leading to the diagnosis of or treatment for a covered condition

c. The Benefit Survival Period for the critical illness is thirty (30) days.

d. In order to be considered eligible, all conditions must be the result of illness or disease, with the exception of burns.

Activities of Daily Living

The following list describes five (5) activities, which a person would normally perform without assistance:

Eating

Manipulating prepared food or liquid into the mouth.

Dressing

Putting on and removing necessary articles of clothing that are normally worn, including leg braces.

Bathing

The ability to cleanse the entire body using soap and water, including turning on faucets and shower mechanisms, getting into and out of the bath itself and drying oneself off.

Ambulation

The ability to move independently from place to place with or without the use of equipment.

Toileting

The ability to use a toilet, bedside commode or urinal.

Covered Conditions

Alzheimer's Disease

Definite diagnosis of a progressive degenerative disease of the brain made by a certified neurologist or gerontologist acceptable by the Company, where there is a significant reduction in mental and social functioning as demonstrated by:

- a loss of intellectual capacity and cognitive impairment,
- impaired memory and sense of judgement, and
- required continuous adult supervision for health and safety, whether medicated or not.

Blindness

Definite diagnosis, made by a certified ophthalmologist acceptable by the Company, of the permanent loss of sight in both eyes. The loss of sight must be such that:

- visual acuity cannot be corrected beyond 20/200 in both eyes
- the field of vision must be less than twenty degrees (20˚) in both eyes

Burns

Third degree burns, as a result of a single event, covering at least twenty percent (20%) of the body surface.

Coma

State of unconsciousness with no reaction to external stimuli or response to internal needs for a continuous period of thirty (30) days.

Deafness

Definite diagnosis made by a certified otolaryngologist acceptable by the Company, of the permanent loss of hearing in both ears. The loss of hearing in each ear must be such that sounds of 90 decibels or less cannot be distinguished.

Life Threatening Cancer

Incontrovertible evidence of a malignant tumor, as evidenced on a pathology report, characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue with distant metastasis, or any malignant tumor(s) with or without metastasis, as follows:

- Oral cavity
- Pharynx (including larynx)
- Oesophagus
- Stomach
- Level IV Melanoma
- Liver
- Pancreas
- Gallbladder and bile ducts
- Lungs and respiratory tracts

The following forms of cancer or conditions are excluded from coverage:

- Benign tumors or polyps
- Pre-malignant lesions
- Stage T1 prostate cancer
- Cancer-in-situ cancers (cancer has not spread outside the tissue in which it developed)
- Melanoma less than or equal to 1.0 mm in thickness, not ulcerated and without level IV or V invasion
- Basal cell and squamous cell carcinoma of the skin

Loss of Speech

Total and irreversible loss of speech as a result of physical disease, as diagnosed by a medically appropriate specialist acceptable by the Company.

Major Organ Failure

Advanced or rapidly progressing incurable terminal kidney, liver, lung or heart failure where the Insured is not a candidate for organ transplant, as determined by a medically acceptable specialist approved by the Company.

Major Organ Failure Requiring Transplant

The irreversible failure of the kidneys, liver, lungs or heart requiring receipt of a transplant of that organ. To qualify, the Insured must be accepted in a transplant program satisfactory to the Company.

Motor Neurone Disease

Definite diagnosis of motor Neurone disease, made by a certified neurologist acceptable by the Company, resulting in the inability to perform at least two of the five Activities of Daily Living without assistance, as determined by an occupational therapist acceptable by the Company.

Multiple Sclerosis

Definite diagnosis, made by a certified neurologist acceptable by the Company, of having at least two episodes of well defined neurological deficit with persisting neurological abnormalities to a degree that results in the inability to perform at least two of the five Activities of Daily Living without assistance, as determined by an occupational therapist acceptable by the Company.

Paralysis

The complete and permanent loss of use of two or more limbs resulting from a neurological deficit with measurable objective impairment that cannot be corrected by surgery or any other means, as diagnosed by a medically appropriate specialist acceptable by the Company.

Parkinson's Disease

Definite diagnosis of Primary Idiopathic Parkinson's disease, made by a certified neurologist acceptable by the Company, resulting in:

- neurological impairment to a degree that requires continuous adult supervision for health and safety, whether medicated or not
- an inability to perform at least two of the five Activities of Daily Living without assistance, as determined by an occupational therapist acceptable by the Company

Senile Dementia

Definite clinical diagnosis, made by a certified neurologist or gerontologist acceptable by the Company, of a progressive degenerative disease of the brain resulting in a significant reduction in mental and social functioning as demonstrated by:

- a loss of intellectual capacity and cognitive impairment,
- impaired memory and sense of judgement, and
- required continuous adult supervision for health and safety whether medicated or not.

Severe Heart Attack

A heart attack, based on symptoms and diagnostic investigations, resulting in a permanent functional classification of at least a CCSC Class IV as evidenced by:

- a reduced ejection fraction (<40%) on echocardiogram or nuclear study with a large or multiple wall motion defects and reduced function as evidenced by stress testing as indicated above
- severe left ventricular dysfunction and/or left ventricular aneurysm, reduced ejection fraction (<40%) and left main or 3-vessel disease (>70% narrowing) as seen on the coronary angiogram

Severe Stroke

Cerebrovascular event producing objective evidence of neurological sequelae lasting more than thirty (30) days caused by intracranial thrombosis, hemorrhage or embolism from an extra-cranial source to a degree that requires continuous adult supervision for health and safety, whether medicated or not, or results in an inability to perform at least two of the five Activities of Daily Living without assistance, as determined by an occupational therapist acceptable by the Company.

Exclusions and Limitations for Critical Illness

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

1. Critical illness benefits are not payable for any condition due to and/or resulting from, directly or indirectly, an Accident, except for severe burns.

2. Newborn Limitation—while eligible for coverage under this benefit, Blue Cross Life shall pay the stated amount of insurance for Dependent children. However, no Dependent child shall be insured until he or she is fifteen (15) days old.

Termination of Critical Illness

Coverage for the Policyholder/Spouse will terminate at the end of the month prior to the month in which the Policyholder/Spouse turns sixty-five (65) years of age.

Coverage for a Spouse and/or Dependent children will cease:

- When he/she no longer qualifies as a Dependent under the terms of the Policy
- When neither the Policyholder nor the Spouse, if applicable, is covered for this benefit under the Policy
- Upon termination of the Policy

TERM LIFE INSURANCE

If you have requested the Term Life option and paid the required additional Premium, you will receive a separate Blue Cross Life Insurance Policy describing your benefits. Options include $25,000, $50,000, $75,000 or $100,000 coverage for a Policyholder/Spouse and $10,000 coverage for each Dependent child.

Section D: General Exclusions

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

1. Any services which are or which were covered as of June 1, 1987 by *The Canada Health Act*, *The Saskatchewan Medical Care Insurance Act*, or *The Saskatchewan Hospital Services Plan*.
2. Any services rendered in connection with ongoing maintenance and treatment of an existing condition.
3. Any services rendered for rehabilitation or ongoing care in connection with any substance abuse treatment program.
4. Any services in the nature of a respite or travel for health.
5. Any services rendered for cosmetic purposes.
6. Expenses incurred due to training, practising or participating in: professional sports (receiving remuneration), a motorized speed test/race/contest, rodeo, scuba diving (when not certified by ACUC, NAUI, PADI or SSI), or any other high risk activity including but not limited to: parachuting, bungee jumping, mountain climbing, rock climbing, spelunking, hang gliding, parasailing, sky diving.
7. 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. Any loss which occurs while participating in or engaged in any criminal activity, regardless of whether charges are laid or a conviction obtained.
9. Any expenses incurred due to operating a motorized Vehicle while impaired by drugs, toxic substances or a blood alcohol level in excess of the legal limit in the jurisdiction where the Accident occurred.

   Drugs means:

   - possession or consumption of any form of narcotic or chemical substance that is illegal
   - consumption of any prescribed or over-the-counter pharmaceutical not prescribed by a Physician, chiropractor, dentist or physiotherapist
   - any prescribed or over-the-counter pharmaceutical consumed in a manner contrary to medical or manufacturer's instructions and/or cautions
10. Any services provided by an Immediate Family member of the Insured or by a person who normally resides with the Insured.
11. Any dental services or products required due to implants or services in conjunction with implants.
12. Any expenses incurred due to suicide, attempted suicide or self-inflicted Injury of an Insured under this Policy.
13. Any expenses incurred due to the abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
14. Any maternity benefits, or any benefits payable as a result of pregnancy, unless the Insured has been

continuously covered under the Policy for the most recent eight (8) consecutive months prior to the claim.

15. Any loss as a result of participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, a highjacking, terrorist acts, riot, civil or public confrontation, or any other such act of aggression.
16. Any services or treatments that contravene any legislation enacted by any government in Canada.

Section E: General Terms

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

1. No waiver of any provision of this Policy shall be valid unless expressly made in writing under the corporate seal of Saskatchewan Blue Cross.
2. No misstatement made by a Policyholder in an application for coverage may be used in defence of a claim under or to avoid the Policy, unless such misstatement is material.
3. Eligibility for this Policy is extended only to residents of Saskatchewan who hold a valid Saskatchewan Health Services Card. This coverage is not available to foreign students or temporary residents who may qualify for provincial health coverage for a limited time frame, even if Premiums have been accepted by Saskatchewan Blue Cross.
4. Applications must be received within sixty (60) days of cancellation of the group benefits plan. Proof of termination from the group benefits plan is required. A minimum of six (6) months' continuous coverage is required for applicants converting from a group plan other than a Blue Cross Plan.
5. Claims submitted for expenses incurred outside Saskatchewan shall include all requested reports pertaining to the services rendered that would assist Saskatchewan Blue Cross in the proper assessment of the claim.
6. Saskatchewan Blue Cross shall not be obligated to provide reimbursement for any charges for services until such time as it has received and assessed all records and reports and has approved all requests for payment.
7. The Insured shall cooperate fully with Saskatchewan Blue Cross in the assessment of any claim made by or on the behalf of the Insured.
8. Saskatchewan Blue Cross has the authority to obtain the Insured's pertinent medical records and information from any Physician, Dentist, Hospital, clinic and from Saskatchewan Health (including the Saskatchewan Prescription Drug Plan).
9. Saskatchewan Blue Cross shall have the right to inspect or audit any claim submitted by the Insured and also reserves the right to inspect or audit the health records of the Insured held in the files of a Provider.
10. Saskatchewan Blue Cross may suspend or terminate the rights and benefits of the Insured when deemed necessary in the event of a claim discrepancy or claim abuse investigation, and/or in the pursuit of criminal charges or disciplinary action undertaken by Saskatchewan Blue Cross.
11. Saskatchewan Blue Cross shall not provide reimbursement for any charges recoverable by the Insured under any governmental or legislated plan, nor for any services an Insured is entitled to receive at no cost to him/her under any governmental or legislated plan.
12. After any benefit payable by Saskatchewan Health, Worker's Compensation Board, or auto insurance has been determined, if the Insured is simultaneously eligible for similar benefits under any other non-government plan, the remaining eligible expenses will be coordinated with those other contracts or plans as follows:
    - For expenses incurred within Saskatchewan, if any other plan does not contain a coordination of benefits provision, the benefits payable under that plan will be determined first.

If any other plan contains a coordination of benefits provision, payment of benefits will be coordinated in the following order:

- other than as a Dependent
- as a Dependent Spouse
- as a Dependent child of the parent who has their birth day earliest in the calendar year

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

- For emergency expenses incurred outside Saskatchewan, the VIP Travel benefits and the Out-of-Saskatchewan (Within Canada) Emergency Benefits are secondary plans and are "excess to all others." Eligible Expenses will be coordinated equally with any other plans that are "excess to all others."

13. In the event of any payment of benefits under the Policy, Saskatchewan Blue Cross shall be subrogated to all the rights of recovery therefor which any Insured receiving such payment may have against any person or organization. Such Insured shall execute and deliver all such documents, instruments and authorizations, and do all acts, as may be necessary to secure and enforce such rights, and shall do nothing after loss to prejudice such rights.
14. If benefits have been paid under this Policy and thereafter it is established that the charges reimbursed, or part thereof, were not paid by or on behalf of the Insured, or that the Insured has otherwise been reimbursed therefor, the Policyholder shall forthwith on demand reimburse Saskatchewan Blue Cross for the amount of benefits so paid by Saskatchewan Blue Cross.
15. The amount of benefits payable under this Policy shall be calculated as at the time the service was provided.
16. The Policy of an Insured shall be cancelled automatically if the Insured obtains, attempts to obtain, or aids any person in obtaining or attempting to obtain, by fraud or false pretences, any benefit hereunder. Upon such termination the right of such Insured to any benefits hereunder shall be forfeited.
17. In the case of a disagreement with a decision of an employee or officer of Saskatchewan Blue Cross who has denied or disputed a claim for benefits, the Insured may appeal this decision initially to the Manager, Health and Dental Claims and may subsequently appeal to the CEO, Saskatchewan Blue Cross.
18. Any notice hereunder shall be sufficiently given if delivered by hand to Saskatchewan Blue Cross at 516 2nd Avenue North, or mailed by prepaid post to Saskatchewan Blue Cross at PO Box 4030, Saskatoon SK S7K 3T2 or to the Policyholder at the last address given by the Policyholder on his/her application.
19. Claims must be submitted within twelve (12) months of date of service.
20. Saskatchewan Blue Cross reserves the right to decline coverage for a Policyholder, Spouse or Dependent based on medical evidence.
21. Assignment of Benefits in this Policy is valid only if agreed to by Saskatchewan Blue Cross.
22. Coverage must be continuous in order for dental benefits to apply. If dental benefits are cancelled for any reason, coverage for dental benefits will cease at that time. If dental benefits are discontinued, they cannot be reinstated. In the case of delayed dental procedures as it applies to services under the Core Health Benefits, coverage must also be continuous and a Policy must be in place to receive payment.
23. In no event will Eligible Expenses include charges for services, treatments, or supplies that are not usual 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.
24. All amounts referred to in this Policy are in Canadian currency.
25. Changes to the status of a Policy due to birth must be reported to Saskatchewan Blue Cross within sixty (60) days. If notification is not received within sixty (60) days, the newborn(s) will be subject to medical review.
26. All members of a family must apply for coverage.

27. Claims with respect to a pre-existing condition are not eligible unless the condition is disclosed on the application and approved by Saskatchewan Blue Cross.

28. Termination of Insurance

- Upon termination of a Policy that has been paid in full, refunds will be issued as follows:
  - Full refund if termination notice is received or postmarked prior to the effective date of coverage.
  - Partial refund if termination notice is received or postmarked after the effective date of coverage. A $20 administration fee will apply.
- Termination for customers paying via pre-authorized payments will be administered as follows:
  - If termination notice is received or postmarked prior to three (3) business days to the withdrawal date, pre-authorized payments and coverage will be discontinued effective the next scheduled withdrawal date.
  - If termination notice is received or postmarked less than three (3) business days to the withdrawal date, pre-authorized payments and coverage will be discontinued the following month.

29. Regarding the payment of premiums:

- Failure of the Policyholder to pay any Premiums within thirty (30) days of the due date shall also cause this Policy to be subject to termination without notice as of the date to which Premiums are paid. Saskatchewan Blue Cross may, at its option, agree to reinstate a Policy if payment is made after the thirty (30) day period.
- For Policies set-up on pre-authorized monthly payments, Saskatchewan Blue Cross will debit the account on the first business day of every month, as payment for the policy. If funds are not available on this date, the debit will be represented three (3) business days later.

30. Accidental Death & Dismemberment, Term Life, Air Flight and Common Carrier Accident, Critical Illness, Student Accident Total and Permanent Disability, Student Double-Up and Student Accident Life benefits are in full or partially underwritten by Blue Cross Life Insurance Company of Canada®.

Section F: Claims

Submit a claim anywhere, anytime. Get your money faster! Submit your claims online at sk.bluecross.ca.

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

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

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

Claims incurred by a Dependent eighteen (18) years or older must be supported by proof of student status.

In the event of a VIP Travel claim, documentation to support date of departure will be required (i.e., air ticket or an accommodation receipt).

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

Payment will be made by Saskatchewan Blue Cross directly to the Policyholder, estate, Beneficiary, or provider of service.

GET IN TOUCH

Visit
sk.bluecross.ca

Call Toll-free
1-800-USEBLUE® (873.2583)
within Saskatchewan

1.800.667.6853 within Canada

Contact your local insurance broker

Offices

Saskatoon
516 2nd Avenue North
PO Box 4030
Saskatoon, SK
S7K 2C5

Phone 306.244.1192
Fax 306.652.5751

Regina
100, 1870 Albert Street
Regina, SK
S4P 4B7

Phone 306.525.5025
Fax 306.525.2124

Our business hours are 8:30am to 5:00pm, M-F.

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Effective January 1, 2020 MSI 13 - 01/20