



TOP-UP INSURANCE POLICY



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†Trade-mark of the Blue Cross Blue Shield Association.

This is your insurance policy.

Read it carefully.

The *insurance certificate* constitutes proof of the product purchased and determines the benefit and services covered by this contract, as well as the particular medical conditions specifically excluded from this contract.

The policy (including endorsements, if applicable) defines the benefit and services offered and combined with your *insurance certificate*, constitutes your *Travel* Insurance contract.

These documents contain clauses which may limit the amounts payable. Please read them carefully.

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In this document, the masculine gender is used solely for convenience, and includes the feminine.

Note: words in italic type in the text are found under the “Definitions” section.

NOTICE REGARDING PERSONAL INFORMATION

By purchasing one of our insurance products, you are consenting to the collection, use and disclosure of your personal information by Blue Cross® for the purposes of appraising your insurance application, confirming coverage and assessing your claims.

Your insurance file will be maintained on a confidential basis at our offices. Your personal information will only be accessible by our employees and authorized representatives who need access to your file for the purposes set out above.

Upon written notice, you will be entitled to access your personal information contained in your file and, if applicable, request that your file be updated or corrected.

For additional information regarding the manner in which we collect, use, disclose and otherwise manage your personal information, please visit our web site, or write to us at:

Canassurance Hospital Service Association and its subsidiaries¹
c/o Privacy Officer
1981, McGill College Avenue, Suite 105
Montreal (Quebec) H3A 0H6

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¹Canassurance Insurance Company Inc. and CanAssistance Inc.

TOP-UP INSURANCE PRODUCT

Saskatchewan Blue Cross Top-up Insurance allows you to extend an insurance contract that you hold with another insurance company or a travel coverage included in your Saskatchewan Blue Cross personal health or group insurance. It is intended to cover the additional days of your *trip* that are not already covered by your other travel insurance.

You are responsible for verifying with the other insurance company or with Saskatchewan Blue Cross that the purchase of the Saskatchewan Blue Cross Top-up Insurance does not compromise the validity of the insurance coverage of the initial part of your *trip*.

The Saskatchewan Blue Cross travel insurance coverage can differ from the coverage of your initial *travel* insurance, be it concerning the actual coverage or its limits and exclusions.

What is covered

In case of emergency, coverage includes *hospitalization*, medical and paramedical expenses, transportation fees, subsistence allowance and medical follow-up in Canada, as described in the Emergency Medical Care benefit of this policy, as well as *CanAssistance* travel assistance services.

The following amounts represent the maximum sums payable per *covered person*:

| Benefit and services | Insured sums per person |
|---------------------------------------|--------------------------------|
| Emergency Medical Care benefit | Up to \$5,000,000 |
| Travel Assistance | Included |

GENERAL CONDITIONS

Eligibility

A) All persons

To be insured, each person must:

- Be covered under law by the government Health and Hospitalization Insurance Act of his province of residence for the entire duration of the *trip*.
- Be covered for travel insurance under an individual or group insurance plan with another insurance company or with a travel coverage included in a Saskatchewan Blue Cross personal health or group insurance for the first portion of the *trip*.

Also, all *covered persons* must be over 30 days of *age* on the date of departure.

B) Persons aged 55 and over

To be eligible for this insurance, in addition to all criteria listed above, the *covered person* aged 55 years and over must not:

1. Have received medical advice not to *travel*;
2. Suffer from a medical condition in a *terminal stage*;
3. Suffer from kidney failure treated through dialysis;
4. Have been diagnosed with or treated for metastatic cancer in the past 5 years;
5. Have been prescribed or treated with home oxygen in the past 12 months.

Effective date of coverage

Coverage begins on the day following the termination date of the coverage you hold with another insurance company or with a travel coverage included in your Saskatchewan Blue Cross personal health or group insurance.

Expiry date of coverage

Coverage ends on the first of the following dates:

- The *expiry date* of the contract, or:
- The return date, whether planned or premature.

Refund of premium

You must submit your request to the *Insurer's* authorized agent that sold the policy before the contract becomes effective.

In case of an early return, we will refund the premium for the unused days as long as you have no claim to submit for this *trip*. Days are considered used as soon as the contract becomes effective.

You must submit a written request and provide proof of your return date, otherwise the date on which your request is postmarked by the postal service will be considered as your return date.

The countdown of unused days starts the day after your return and a \$25 fee applies.

Contract extension

An extension of the coverage may be requested provided that the covered persons remain eligible for insurance and that their health condition remains unchanged since the departure date.

When the extension is authorized, the additional premium must be paid to maintain the validity of the contract. **If the extension or the coverage conditions affect the initial rate of the contract, the new rate will apply for the entire duration of the contract.**

The contract must begin on the day following the termination date of the coverage held with the other insurance company or with Saskatchewan Blue Cross and end on the day the covered person returns to their province of residence, except when the extension request is denied by the *Insurer*.

The extension must be purchased from Saskatchewan Blue Cross. An extension purchased from another insurer shall render your Saskatchewan Blue Cross Top-up Insurance contract null and void in its entirety, except when the extension request is denied by the *Insurer*.

The extension is conditional to the approval by the *Insurer* if:

- **The covered person submits a claim to Saskatchewan Blue Cross or to the other insurance company for expenses incurred since the departure date of the *trip*;**
- **The Canadian government published an advisory warning travellers against travelling to the region or country that constitutes the covered person's destination, or;**
- **The Canadian or provincial government encourages travellers to return to Canada.**

Once the approval to extend the contract has been granted, any claim that pertains to an event that occurred during the initial period of coverage will be rejected.

The contract holder must file a request for extension prior to the end of the initial coverage period by contacting the *Insurer*.

Automatic extension of coverage

All coverage will automatically be extended free of charge:

- a) up to 24 hours when the return home is delayed due to the carrier or as the result of a traffic *accident* or mechanical failure of the private vehicle returning to the departure point (claim must be supported by documentary proof);

- b) during the period of *hospitalization* and the 24 hours which follow the *hospital discharge* of a *covered person*;
- c) up to 72 hours when the return home is delayed due to a *covered person's illness* occurring within 24 hours prior to the expected return date and requiring emergency medical care.

Trip break

Covered persons can return to their province of residence and go back to their destination without terminating the insurance contract.

During this period, no insurance coverage is valid and no premium refund is granted for the days spent in the province of residence. *Covered persons* must ensure they meet insurance eligibility criteria before leaving again.

If one of the *covered person* has a *change in health condition* while in the province of residence, the *covered person* must contact the *Insurer* before returning to his or her destination. A *change in health condition* will be considered as a *pre-existing condition* and therefore an exclusion as stipulated under ***Other exclusions and reductions of coverage***.

Validity of the contract

The insurance is valid only when purchased and paid for in full before:

- The date of departure, if the *covered person* is extending an insurance contract held with another insurance company, or,
- The date of departure or the termination date of the *covered person's* other travel coverage, if the *covered person* is extending a travel insurance included in a Saskatchewan Blue Cross personal health or group insurance.

Top-up insurance must insure the *covered person* on the day following the termination date of the coverage held with the other insurance company or the termination date of a travel coverage included in a Saskatchewan Blue Cross personal health or group insurance until the *covered person* returns to their province of residence.

There must be no interruption in coverage between the two contracts.

If the Saskatchewan Blue Cross Top-up Insurance contract requires an extension and the latter is refused by the *Insurer*, the contract remains valid until the *expiry date* indicated on the *insurance certificate*.

Return to the province of residence at the request of the Insurer

In the absence of a medical contraindication, when the Canadian or provincial government encourages travellers to return to the country, the *Insurer* can require the return to the province of residence, within a timeframe that they deem reasonable, of any *covered person* who is travelling.

Repatriation of a covered person

No refund of premium will be granted following an early return if the *covered person* has been repatriated by Saskatchewan Blue Cross. In the absence of medical contraindication, the *Insurer* can require repatriation of any *covered person* or his transfer to other medical facilities. **Refusal of repatriation or transfer by the *covered person* while covered under Saskatchewan Blue Cross insurance cancels the coverage and no refund of premium will be granted. The termination notice to the *contract holder* shall be sufficient.**

Settlement of claims

The *Insurer* shall not assume responsibility under the contract unless the *covered person* has contacted *CanAssistance* as stipulated in the Emergency Medical Care benefit. The *covered person* must transmit to the *Insurer* within 90 days of the loss, original and detailed bills of the claimed expenses, a proof of payment accepted by the *Insurer*, a medical certificate giving the complete diagnosis and confirming that the services included in the claim have been rendered, as well as any other document or information of any nature required by the *Insurer* for the analysis of a claim.

The *Insurer* reserves the right to have the *covered person* undergo examinations for claim adjustment purposes, and to have an autopsy performed in the event of death as long as it is not prohibited by law. Expenses for those examinations are the *Insurer's* responsibility.

Method of payment

The *Insurer* shall make any refund by means of a cheque in the name of the service provider or the *contract holder* or his assignee, after receiving and assessing the relevant accounts and the necessary information pertaining thereto, in accordance with the terms and conditions provided. However, in all cases, the *Insurer* shall have the right to pay the service provider directly.

Any amount paid by the *Insurer* or on the *Insurer's* behalf frees the *Insurer* from any obligation up to that amount.

When a refund for *hospital*, medical and assistance expenses is not requested by the *covered person*, but is the object of a claim settlement between the *Insurer* and the service providers, the *contract holder* must provide any original document requested to enable the claim settlement, otherwise he becomes responsible for the payment of the amounts owed.

Coordination of benefits

Benefits under this contract cover only the excess costs which are not covered by any other individual or group contract or by any law or public insurance.

If a *covered person* is entitled to similar benefits under any other individual or group contract, the benefits payable under this contract shall be coordinated so that the total payment shall not exceed the amount for which the claim is made.

Subrogation

If, in the event of loss or damage, the *covered person* shall acquire any right of action against any individual or legal entity for loss covered under this contract, the *Insurer* shall be subrogated for all the *covered person's* rights of recovery up to the amount paid by the *Insurer*. The *covered person* shall sign and submit necessary documents to this effect and do whatever is necessary to secure such rights. If the *covered person* reaches an agreement or accepts payment from the third party liable for the loss without the written consent of the *Insurer*, the latter shall be relieved of any obligation toward the *covered person*.

Concealment, fraud or attempted fraud

This contract is void in the case of fraud or attempted fraud by the *covered person*, or if the *covered person* conceals or misrepresents any material fact or circumstance concerning this insurance, either at the time of application for insurance, at the time of a claim or any other moment during the life of the contract.

Interest

No sum payable under this contract shall bear interest.

Currency

All amounts of money mentioned in this contract, as well as sums payable under this contract, are in Canadian dollars.

Modifications to the contract

The terms and conditions of this contract may not be modified unless agreed upon in writing by the *contract holder* and the *Insurer*. The *Insurer's* waiving or omitting to require any provision in the contract to be executed or observed must not be interpreted as the *Insurer's* waiver of its right to require any provision to be carried out or observed.

Governing law and jurisdiction

The contract shall be governed by and interpreted under the laws of the Canadian province or territory in which the *covered person* normally resides.

The parties abide to the jurisdiction of the Court of the Canadian province or territory in which the *covered person* normally resides, and further agree that any action and proceeding brought by either party to enforce this contract shall be commenced in said Canadian province or territory.

BENEFIT AND SERVICES OFFERED

Emergency Medical Care Benefit

Particular conditions

The following conditions are in addition to the general conditions:

1. Benefits shall be payable only upon presentation of a certificate by the attending *physician* attesting that services for which a claim is made have been provided or the covered loss has indeed occurred.
2. When reimbursement of *hospital*, medical and assistance expenses is not claimed by the *covered person* but settled between the *Insurer* and the service provider, the *contract holder* shall provide any original document required for such settlement. Failure to do so shall render the *contract holder* responsible for the amounts the *Insurer* cannot recover.

What is covered

Benefits will be paid for reasonable and customary expenses incurred following an emergency resulting from an *accident* or *sudden illness* which occurs on a *trip* during the *period of coverage*. Eligible *treatments* are limited to what is declared **urgent** and **necessary** for the stabilization of the medical condition.

The benefits provided by this coverage are granted once the deductible has been paid. The deductible is the part of the eligible expenses the *covered person* must pay and remain responsible for in case of a claim. The deductible applies after any benefits covered under governmental programs have been paid. The deductible amount is indicated on the *insurance certificate* and applies per *trip* per *covered person*.

Benefits

The following benefits are provided for each *covered person* for reasonable and customary charges listed below, subject to a maximum of \$5,000,000 during the period of the contract, and **provided that these charges are not incurred before obtaining the approval of *CanAssistance*.**

Notice

Failure to contact *CanAssistance* ahead of time in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in refusal of the compensation requested.

The *Insurer* and *CanAssistance* are not responsible for the availability or quality of medical and *hospital* care rendered, or the lack thereof.

Hospitalization, medical and paramedical expenses

Hospitalization

The cost of *hospital* services in a private or semi-private room which is in excess of the amount refunded or refundable under government programs.

Incidental expenses

The expenses inherent to *hospitalization* (telephone, television, parking etc.) upon presentation of documentary proof up to a maximum of \$100 per *hospitalization*.

Physicians' fees

The difference between fees charged by a *physician* and benefits allowed under government programs.

Medical appliances

The purchase or rental cost of crutches, canes or splints and the rental cost of wheelchairs, orthopedic corsets and other medical appliances when prescribed by the attending *physician*.

Nursing care

The fees of a registered nurse (other than a relative) for private care while hospitalized and when medically necessary and prescribed by the attending *physician*.

Professional services (when prescribed as part of emergency treatment)

Professional services by a physiotherapist, chiropractor, osteopath or podiatrist when medically necessary and prescribed by the attending *physician*, up to a maximum of \$300 per profession.

Dermatological emergencies up to a maximum of \$300 per *trip*.

Diagnostic services

The charges for laboratory tests and X-rays when prescribed by the attending *physician*.

Drugs (when required as part of emergency treatment)

The cost of drugs requiring a *physician's* prescription, except when they are required for the continued stabilization of a chronic medical condition.

Dental care

The fees of dental surgeons for emergency dental care *treatment*, excluding root canal therapy, up to \$500 per *trip* and per *covered person*.

The fees of dental surgeons up to \$2,000 per *accident* and per *covered person* for *treatment* necessitated by an external injury (not as a result of introduction of food or an object into the mouth), only when natural and healthy teeth which have had no previous *treatment* are damaged or to reduce a fracture or dislocation of the jaw. In all cases, *treatment* must begin during the *period of coverage* and end within 6 months of the *accident*. The *covered person* must transmit to the *Insurer* an X-ray taken after the *accident* and before the *treatment* begins, showing the damages sustained.

Transportation expenses

The following services must be approved and planned by CanAssistance:

Ambulance or taxi service

The cost of local ambulance or air ambulance service to the nearest accredited medical facility, including inter-*hospital* transfer when the attending *physician* and *CanAssistance* determine that existing facilities are inadequate to treat or stabilize the patient's condition.

Repatriation to the province of residence

The cost of repatriation of the *covered person* to his province of residence by means of appropriate transportation in order to receive immediate medical attention **following the authorization of the attending *physician* and *CanAssistance*.**

The cost of simultaneous repatriation of a *travelling companion* or any *member of the immediate family of the covered person* who is also covered under this contract, if he is unable to return to the departure point, by means of the transportation initially planned for the return.

The cost of an accompanying adult is covered in the case of child repatriation, as the case may be.

Transportation to visit the covered person

When a *member of the family of the covered person* or a friend who is not travelling with the *covered person* visits the *hospital* where the *covered person* is being treated, or *travels* to identify the deceased *covered person*, if necessary, prior to transportation of the remains, the *Insurer* covers the following expenses:

1. Up to \$1,200 for:

- The cost of accommodation, the cost of meals in a commercial establishment, and the cost of child care services, up to a daily maximum of \$300;
- The cost of *travel* insurance.

2. The total cost of round-*trip*, economy class transportation.

In the event that the family member or friend of the *covered person* *travels* to the *hospital* where the *covered person* is being treated, the expenses described above will be reimbursed only if the *covered person* remains hospitalized for at least 7 days and the attending *physician* acknowledges in writing that the visit is necessary.

Vehicle return

The cost of returning a *covered person's* road vehicle, either private or rental, by a commercial agency, or by any person authorized by *CanAssistance*, to the *covered person's* residence or nearest appropriate vehicle rental agency when the *covered person* is unable to return the vehicle due to *illness* or *accident*, subject to a maximum refund of \$5,000. A medical certificate from the attending *physician* in the locality where the incapacity occurred is required, attesting that the *covered person* is incapable of using his vehicle.

Baggage return

When the *covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *covered person's* baggage to the province of residence is covered, up to a maximum of \$300.

Pet return

When the *covered person* is repatriated for medical reasons to the province of residence at the *Insurer's* expense, the cost to bring back the *covered person's* pet to the province of residence is covered, up to a maximum of \$500.

Return of the deceased

The cost of preparation and transportation of the deceased person (excluding the cost of a coffin) to the departure point in the province of residence or the cost of cremation or burial on site (excluding the cost of a coffin, an urn and a gravestone), subject to a total reimbursement of \$10,000.

Subsistence allowance

Up to \$3,000 (maximum \$300 per day) for the cost of accommodation and meals in a commercial establishment, when a *covered person's* return must be delayed due to *illness* or bodily injury to himself or to an accompanying immediate family member or *travelling companion*.

Medical follow-up in Canada

When a *covered person* is repatriated to his place of residence in Canada at the expense of the *Insurer* further to an *hospitalization* while on a *trip* out of his province of residence, the *Insurer* will reimburse the following costs if they are incurred within 15 days of the repatriation.

1. The cost of a semi-private room in a *hospital* or a rehabilitation centre or a convalescent home up to a maximum of \$1,000.
2. The fees for home nursing care when medically required and provided by a registered nurse or a registered nursing assistant, up to a maximum of \$50 per day, for a maximum of 10 days.
3. The rental cost of the following devices, up to a maximum of \$150: crutches, standard walker, canes, trusses, orthopaedic corset and oxygen.
4. The cost for transportation (ambulance and/or taxi) in order to receive medical care up to a maximum of \$250.

What is not covered

Exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

Exclusions relating to *pre-existing conditions*

1. For persons under the *age* of 55, during the 3 months prior to the date of departure:
 - a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
 - consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;
 - received a *change in existing medication*¹ (including usage or dosage).
 - b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
 - c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.
2. For persons aged 55 to 75 travelling for a total duration of less than 32 days, during the 6 months prior to the date of departure:
 - a) any *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:

- consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;
 - received a *change in existing medication*¹ (including usage or dosage).
- b) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.
- c) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.
- 3. For persons aged 55 to 75 travelling for a total duration of 32 days or more or for persons aged 76 and over:**
- A) the following particular medical conditions are excluded unless otherwise stipulated on the *insurance certificate*:**
- a) **During the *covered person's* lifetime**, any *illness* or condition related to the following medical conditions for which the *covered person* was diagnosed with or treated for:
- **cardiovascular condition** (myocardial infarction, bypass, angioplasty, angina, arrhythmia, pacemaker, congestive heart failure, defibrillator, valvulopathy or valve replacement, cardiomyopathy, myocarditis, pulmonary hypertension, aortic aneurysm);
 - **kidney failure**;
 - **organ transplant** (heart, liver, pancreas, lung, bone marrow);
- b) **During the 24 months prior to the date of departure, any chronic pulmonary condition** (asthma, emphysema, chronic bronchitis, pulmonary fibrosis) for which the *covered person* was hospitalized or took cortisone pills.
- c) **During the 12 months prior to the date of departure**, any *illness* or condition related to one of the following conditions:
- **cancer** (with the exception of basal cell carcinoma) for which the *covered person* was diagnosed with or treated for;
 - **gastrointestinal condition** (cirrhosis, hepatitis C, intestinal obstruction, diverticulitis, Crohn's disease, pancreatitis, ulcerative colitis) for which the *covered person* was diagnosed with or treated for.
- B) are also excluded when arising in the 6 months prior to the date of departure:**
- i) any other *illness*, injury or condition (with the exception of a *minor ailment*) related to a medical condition for which the *covered person*:
- consulted a *physician* (other than for a *regular check-up*), or;
 - was hospitalized, or;
 - was prescribed or received a new *treatment*, or;
 - received a change in an existing *treatment*, or;
 - was prescribed or took a new medication, or;
 - received a *change in existing medication*¹ (including usage or dosage).
- ii) any heart condition for which the *covered person* took nitroglycerin more than once in a 7-day period for the relief of chest pain.

iii) any pulmonary condition for which the *covered person* was treated with home oxygen or needed corticosteroid therapy.

¹ *The Insurer does not consider a change in existing medication the following elements:*

- *the routine adjustment of insulin or Coumadin®;*
- *a change from a brand name medication to a generic brand medication, provided the dosage is the same;*
- *Aspirin® taken for non-prescribed medical purposes;*
- *decrease of the dosage of cholesterol medication;*
- *hormone replacement therapy;*
- *vitamins and minerals and non-prescription medication;*
- *creams or ointments prescribed for cutaneous irritations.*

Other exclusions and reductions of coverage

No benefits are payable under this benefit if the loss sustained or the expenses incurred result **directly** or **indirectly** from one of the following causes:

1. Any state or condition for which symptoms were ignored or for which medical advice was not followed or the recommended investigations, *treatments*, tests or procedures were not carried out.
2. Pregnancy, delivery or complications resulting from either of these events, during the 8 weeks before or after the expected date of delivery.
3. *Accident* sustained by the *covered person* while participating in a sport for remuneration or in a sporting event where cash prizes are awarded to the winners, in any kind of motor vehicle competition or any kind of speeding event, in a contact sport, in a dangerous or violent sport such as but not limited to: off-track snow sports, show jumping obstacles, rock climbing or mountain climbing (grade 4 or 5 routes according to the scale of the *Yosemite Decimal System – YDS*), parachuting, gliding or hang-gliding, skydiving, bungee jumping, canyoning, and any sport or activity with a high level of stress and risk involved.

The restriction for speeding events does not apply to amateur athletic activities which are non-contact and engaged in by the *covered person* solely for leisure or fitness purposes.

4. Abuse of medication or alcohol, or use of drugs, use of experimental drugs or products or any other drug-addiction, and any condition arising therefrom, or driving a motor vehicle while the ability to drive is impaired by any drug whether its consumption is legal or not, or by alcohol with an alcohol level over 80 milligrams per 100 millilitres of blood (0.08).
5. *Trip* undertaken for the purpose of receiving medical attention or paramedical services.
6. Suicide, attempted suicide or self-inflicted injury of the *covered person*, whether sane or insane.
7. War, invasion, enemy acts, hostility between nations (whether or not war is declared), civil war, rebellion, revolution, insurrection, military power or usurped power.
8. Involvement of the *covered person* in the commission or attempted commission of a criminal act under any law.
9. Any condition resulting from a mental, nervous, psychological or psychiatric problem, unless the *covered person* is hospitalized for that specific reason.

10. Any claim for patients in chronic care hospitals or public *hospital* rehabilitation service or in nursing homes or health spas.
11. Any care, *treatment*, products or services other than those declared by the appropriate authorities to be required for the *treatment* of the injury or disease or stabilization of the medical condition.
12. Custodial care or services rendered for the convenience of the patient.
13. Care or *treatments* for cosmetic purposes.
14. Care or *treatments* received outside the province of residence, when such care or *treatments* could have been obtained in the province of residence without endangering the life or health of the *covered person*, with the exception of care for immediately necessary *treatment* following an emergency resulting from an *accident* or *sudden illness*. Under this exclusion, the fact that the care available in the province of residence could be of lesser quality or take longer to obtain than the care available outside the province of residence does not constitute a danger to the *covered person's* life or health.

Without restricting the generality of this exclusion, no benefits are available under this plan for any *covered person* travelling outside his province of residence primarily or incidentally to seek medical advice or *treatment*, even if such a *trip* is recommended by a *physician*.

15. Care or *treatments* received outside the province of residence which are not covered under government programs.
16. Care or *treatments* such as those rendered by an acupuncturist, a homeopath or a naturopath.
17. Products listed below are not covered even when obtained by prescription:
 - processed food for infants, dietary or food supplements or substitutes of any kind, including protein, so-called "natural" products, multivitamins and drugs available over the counter, antacids, digestives, laxatives, antidiarrheals, decongestants, antitussives, expectorants and any other flu or cold medications, gargles, oils, shampoos, lotions, soaps and all other dermatological products.
18. **Failure of the *covered person* to communicate beforehand with *CanAssistance*** in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness*.
19. Expenses incurred following the extension of the Saskatchewan Blue Cross Top-up Insurance if these expenses are related to a medical condition that occurred during the initial *period of coverage* of the Saskatchewan Blue Cross Top-up Insurance.
20. Expenses exceeding \$10,000 for emergency air evacuation to the nearest medical facility when the transportation was not planned by *CanAssistance*.
21. Expenses incurred in the first part of the *trip* while the *covered person* is covered by the other insurance company or by a travel coverage included in a Saskatchewan Blue Cross personal health or group insurance, whether the claim submitted is accepted or declined.
22. Expenses related to an *accident*, injury or *illness* that occurred during the period covered by another insurance company or by a travel coverage included in a Saskatchewan Blue Cross personal health or group insurance if, on the *effective date* of coverage of the Saskatchewan Blue Cross Top-up Insurance contract the *covered person*:

- is hospitalized due to this *accident, illness* or injury; or
- refused to be repatriated; or
- should have been hospitalized or repatriated to his province of residence according to our standards.

23. Expenses incurred in the *covered person's* province of residence or upon return to the destination, when these expenses follow a *change in health condition* of the *covered person* while having a *Trip* break in his province of residence.

CanAssistance travel assistance services

These services are offered free of charge with this *travel* insurance product.

Medical assistance

If, following an *accident* or *sudden illness*, the *covered person* must consult a *physician* or require *hospitalization*, he must contact *CanAssistance* immediately. *CanAssistance* will make the necessary arrangements in order to provide the *covered person* with the following services:

- in the **State of Florida**, direct the *covered person* to an appropriate clinic or *hospital* member of the **Preferred Patient Care network**;
- in the **State of South Carolina**, direct the *covered person* to an appropriate clinic or *hospital* member of the **Preferred Personal Care network**;
- for all other destinations, direct the *covered person* to an appropriate clinic or *hospital* and advance funds to the *hospital* if necessary;
- confirm the medical insurance coverage in order to avoid paying a substantial deposit;
- provide the follow-up of the medical file and communicate with the family *physician*;
- coordinate repatriation of the *covered person* to his province of residence, when necessary;
- coordinate the safe return home of dependent children if the parent is hospitalized;
- make the necessary arrangements for the transportation of a family member to the patient's bedside if the *covered person* is hospitalized for at least 7 days and if the attending *physician* advises such attendance;
- coordinate the return of the *covered person's* road vehicle if he is unable to bring it back due to *illness* or *accident*.

Notice

Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in refusal of the compensation requested.

The *Insurer* and *CanAssistance* are not responsible for the availability or quality of medical and *hospital* care rendered, or the lack thereof.

General assistance

In the event of any other emergencies, the *covered person* can contact *CanAssistance* in order to receive the following services:

- toll-free assistance lines available 24 hours a day, 7 days a week;
- transmission of urgent messages;
- coordination of claims;
- services of an interpreter for emergency calls;
- referral to legal counsel in the event of a serious *accident*;
- settlement of formalities in the event of death;
- assistance in the event of loss or theft of identification papers;
- information on embassies and consulates.

Through *CanAssistance*, the *Insurer* may also provide pre-*travel* information with regard to visas and vaccines.

***CanAssistance* is under no circumstance responsible for the fees of medical and general assistance services.** However, depending on your coverage, some of these expenses could be refunded by the *Insurer*.

DEFINITIONS

Accident means an unintentional, sudden, fortuitous and unforeseeable event due exclusively to an external cause of a violent nature and inflicting, directly and independently of all other causes, bodily injuries during the *period of coverage*.

Age means the age of the *covered person* at the time the present contract is purchased.

CanAssistance means the company authorized by the *Insurer* to provide assistance services to *covered persons*.

Change in health condition means any *illness, accident, injury* or symptom for which the *covered person*:

- consulted a *physician* (other than for a *regular check-up*), or;
- was hospitalized, or;
- was prescribed or received a new *treatment*, or;
- received a change in an existing *treatment*, or;
- was prescribed or took a new medication, or;
- received a change in existing medication (including usage or dosage).

Contract holder means the person designated as such on the *insurance certificate*.

Covered person means the *contract holder* and the persons mentioned on the *insurance certificate*. A child born during the first 32 weeks of pregnancy over the course of a *trip* is automatically covered by this insurance, if the medical costs for the delivery and the mother are not excluded.

Dependent child means a child of the *contract holder*, his *spouse*, or both, over 30 days old before departure, who is dependent on the *contract holder*, who is not married, and who is:

- under 21 years of *age*, or;
- under 25 years of *age* and attends an educational institution full-time as a duly registered student, or;
- physically or mentally handicapped.

A child who is not a Canadian resident, who is over 30 days old and is in the process of being adopted by a Canadian resident is considered a *dependent child* upon completion of all required documents and once the appropriate authorities in the adoptee's country of origin definitively and irrevocably release the child into the physical, visual and exclusive care of the adoptive parents or of the person who will accompany the child until his arrival in Canada. A child who is in the process of being adopted does not have to be covered by a government health and hospitalization program of a Canadian province or territory.

Effective date means the date indicated on the *insurance certificate*.

Expiry date means the date indicated on the *insurance certificate*.

Hospital means a place licensed as an accredited hospital and offering care and *treatment* to resident in-patients or out-patients, having a registered graduate nurse (R.N.) always on duty, a laboratory, and an operating room where surgical operations are performed by a legally qualified surgeon. In no event shall the term "hospital" mean any hospital or institution or part of such licensed hospital or institution used primarily as a clinic, continued or extended care facility, convalescent home, rest home, health spa, or *treatment centre* for drug addicts or alcoholics.

Hospitalization means admission to a *hospital* to receive short-term care as a bedridden patient for a minimum stay of 18 hours.

Eligible short-term care comprises preventive care, medical diagnosis and medical *treatment* (including surgery) for an acute *illness* and does not include convalescent care and physical or mental rehabilitation.

In the case of day surgery, the *hospital* stay is equivalent to 18 hours of hospitalization.

Illness means a deterioration in health or an organism disorder certified by a *physician*, or when the person is pregnant, a pathological complication arising during the pregnancy.

Insurance certificate refers to the document certifying the existence of a contract and on which the following elements are primarily specified: the *covered persons*, the contract number, the product, the dates of coverage, the deductible, the benefits and the sums insured.

Insurer means Canassurance Insurance Company Inc.

Member of the family of the *covered person* means *spouse*, father and mother, grandparent, grandchild, parent-in-law, child (not necessarily dependent) of the *covered person* and/or his *spouse*, brother, sister, step-brother, step-sister, brother-in-law, sister-in-law, son-in-law, daughter-in-law, aunt, uncle, niece, nephew.

Member of the immediate family of the *covered person* means the *spouse*, father, mother and children (not necessarily dependent) of the *covered person*, his *spouse* or both.

Minor ailment means any *illness*, injury or condition related to a medical condition which ends at least 30 days prior to the *effective date* of coverage and does not require:

- the use of medication for a period greater than 15 days, or;
- more than one follow-up visit to a *physician*, or;
- a *hospitalization*, or;
- a surgical intervention, or;
- consultation with a medical specialist.

A chronic medical condition or the complication of a chronic medical condition is not a *minor ailment*.

Period of coverage means the time between the *effective date* of the contract and the *expiry date* indicated on the *insurance certificate*.

Physician means a person who is not related in any way to the *covered person* and who is legally authorized to practice medicine on the premises where medical services are provided.

Pre-existing condition refers to any health condition that already exists when the benefit becomes effective. *Pre-existing conditions* are grounds for a claim refusal.

Regular check-up means a periodic consultation with a *physician* scheduled in advance during which no new symptom or worsening of existing symptoms is reported by the *covered person* and no new anomaly is certified by the *physician*.

Spouse means the person united to the *contract holder* by marriage or a person who has been living permanently with the *contract holder* for over one year. Following a separation of more than 3 months or dissolution of the marriage by divorce or annulment, this person will lose his status as *spouse*.

Sudden illness means an unexpected and unforeseen *illness* for which initial symptoms (certified or not by a *physician*) appear during the *trip*.

Terminal stage means the period when a cure for an *illness* is no longer possible or when the *illness* resists any curative *treatment* and death is bound to happen within a more or less short delay.

Travel / Trip means occasional absence from the *covered person's* residence for the purpose of a vacation, leisure or business. The *covered person* travelling within his province of residence must have at least a one-night stay in a commercial accommodation establishment.

Travelling companion means the person who plans, leaves and returns with the *covered person* on the same *trip*.

Treatment means surgery, prescription drugs, therapy, consultations with *physicians* or other health professionals and any other type of method used to treat the *covered person*.

NOTICE

Any notice to the *Insurer* may be validly forwarded to:

Canassurance Insurance Company

P.O. Box 910, Station B

Montreal, Quebec

H3B 3K8

In witness whereof the *Insurer* has signed this contract which must be validated by an authorized representative.



Sylvain Charbonneau

President and Chief Executive Officer

HOW TO REACH US

Travel Assistance Lines

If the *covered person* needs health care abroad, he or a *travelling companion* must call *CanAssistance* immediately.

Canada, United States

1-833-729-0186

Elsewhere in the world, collect

306-518-0145

Assistance agents offer the *covered person* **24-hour service, 7 days a week.**

If the *covered person* cannot call collect, the *Insurer* will reimburse the cost. The *Insurer* will not pay for roaming charges.

For better service, the *covered person* must give his name, the phone number where he is calling from and his contract number.

Notice

Failure to contact *CanAssistance* beforehand in the event of medical consultation or *hospitalization* following an *accident* or *sudden illness* could result in the compensation requested being refused.

Extension

To obtain an extension, the *covered person* must contact the *Insurer* at:

Canada, United States

1-306-244-1192 (long distance charges will apply)

1-833-729-0186 (toll free)

Settlement of Claims

To obtain a claim form, the *covered person* may contact our Customer Service Department at the following number:

Canada

1-833-729-0186

Please keep this card with you at all times.

Veillez conserver cette carte avec vous en tout temps.

In case of an emergency

- Call the Assistance line **before** consulting a doctor or as soon as you can.
- Present this card at the hospital or at the front desk of a medical clinic.

En cas d'urgence

- *Appeler le service d'assistance **avant** d'aller voir un médecin ou dès que possible.*
- *Présenter cette carte à l'hôpital ou à l'accueil d'une clinique.*

Partner of / Partenaire de

Florida Blue  

  South Carolina

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

Regina

100, 1870 Albert Street
Regina, SK
S4P 4B7



SK

Detach this card and carry it with you at all times for the duration of your contract.

In case of emergency or should you require medical attention, please call the emergency telephone number(s) listed on the card as soon as possible.



24/7 Travel Assistance
Assistance voyage 24/7

Policyholder / Titulaire de la police

Policy number / Numéro de police

Expiration date / Date d'expiration

From Canada and/or the USA
Du Canada ou des États-Unis

1-833-729-0186

From other countries, call collect
D'autres pays, à frais virés

306-518-0145