

# Insured Billing Guide for Plan Administrators

UPDATED APRIL 2025

For more information

Contact your Group Service Representative or call Saskatchewan Blue Cross toll-free at 306-667-5861.

## Paying your invoice

Saskatchewan Blue Cross offers electronic payment options, including:

### Automated Payment System Withdrawals (APS Withdrawals)

#### **Formerly Pre-Authorized Payment**

Please complete and return the Automated Payment System Withdrawal Agreement [linked here](#).

**Current clients:** If you were previously set up for Pre-Authorized Payments, your payment information has been transferred. You do not need to complete a new APS Withdrawal Agreement.

### Electronic payment (Direct Deposit)

Select Saskatchewan Blue Cross Group as the payee and send the remittance advice (page 1 of your invoice) or equivalent information with every payment to [SBCRemittance@sk.bluecross.ca](mailto:SBCRemittance@sk.bluecross.ca). Please direct deposit payment to Saskatchewan Blue Cross using the following account information:

- Bank Name: CIBC
- Bank Address: 201-21<sup>st</sup> Street East, Saskatoon, SK
- Bank #: 010
- Bank Transit #: 00018
- Account #: 00-01309

## Internet payment for insured invoices

Select Saskatchewan Blue Cross – Group as the payee. Your payee account number is on the remittance portion of your invoice (page 1) and is comprised of your Group and Roll Number, combined into one number.

When making an Internet Payment, include your payee account number when remitting payment. Combine your Group Number and Roll Number into one number. For example:

	<b>Group Number</b>	<b>Roll Number</b>
As noted on invoice:	57412	0
Enter the following number as your Internet Payment account number:	574120	

Where your bank requires a particular format for your account number:

If your bank has an alphanumeric or minimum character requirement:	<i>Please add GR before your account number:</i> <b>GR57412</b>
If your bank requires a special character:	<i>Please add a dash followed by your roll number: 57412-0</i>
If your bank requires both alphanumeric and special characters:	<i>Please add both GR and a dash followed by your roll number: <b>GR57412-0</b></i>

**Current clients:** **IMPORTANT:** Your Internet Banking payee account number has changed with this new invoice format and **must be updated**. Please see above for instructions on formatting your account number.

# Premium billing invoice

## Terminology updates for current clients

New terminology	Previous terminology
Member	Employee or Participant
Roll Number	Division Number (3-digit format with leading zeros)
APS (Automated Payment System) Withdrawal	Pre-Authorized Payment

**Current clients:** Your Roll Number was previously referred to as Division Number and was previously formatted as three digits with leading zeros.



Group 123456  
 Roll Number 1  
 Invoice SBC1234567

COMPANY NAME  
 Statement of Account for Apr 2025

Issue Date Mar 21, 2025  
 Due Date Apr 01, 2025

Client Administration Representative  
 Group Benefits Service

Total Payable \$4,755.46

Total Payable is your total amount due. This amount will match the Total Payable on the next page of your invoice.

Total payable will be withdrawn from your financial institution on Feb 01, 2025.

**Groups who pay via APS Withdrawal (formerly Pre-Authorized Payment):** Your invoice will display this message.

**Groups who pay Electronically:**  
**Via Internet Banking:** Include your Group and Roll Number when remitting payment. Enter these numbers together as one number (for example, Group Number 57412 and Roll Number 0 would be entered as 574120). Please see page 1 for information on entering these numbers where your bank requires special formatting.  
**Via Electronic Payment/Direct Deposit:** Please include this page of your invoice (or equivalent information) along with your remittance. See page 1 for additional instructions.

Please return this page with your payment to  
 SASKATCHEWAN BLUE CROSS, P.O. BOX 4030 516 2ND AVENUE NORTH, SASKATOON, SK S7K 3T2

Please write invoice number on cheque

**Groups who pay via cheque:** Your invoice will show a request to remit this page with your cheque payment. This page is your remittance stub and should accompany your payment.

REGINA



Group 123456  
Roll Number 1  
Invoice SBC1234567

COMPANY NAME  
Statement of Account for Apr 2025

Issue Date Mar 21, 2025  
Due Date Apr

**ACCOUNT SUMMARY**

Inquiries about your bill?

Contact Group Benefits Service  
Telephone 306-667-5861  
Email GroupServiceCentre@sk.bluecross.ca

Please retain this page for your records

Previous Charges

Previous Amount Billed  
Previous Amount Paid

\$1,584.28  
\$0.00

Outstanding Balance

\$1,584.28

Current Charges

Current Amount Billed  
Adjustments

\$2,377.73  
\$793.45

Current Balance

\$3,171.18

Total Payable Due Apr 01, 2025

\$4,755.46

Premium adjustments from previous coverage periods.

Ending balance from previous invoice.

This line represents any financial entries (payments, payment transfers, accounting adjustments, etc.).

Current premium for the current coverage period.

**Groups who pay via APS Withdrawals:**  
This is the total amount that will be deducted. The payment is processed on the first banking day of the month.



**COMPANY NAME**  
Benefit Information Summary

Issue Date Mar 21, 2025

Plan/Class	Status	Number of Employees	Volume	Current	Adjustments	Billed
Class A All Employees Dental	Single	1		\$29.45	\$29.45	\$58.90
	Couple	1		\$86.26	\$0.00	\$86.26
	Family	1		\$86.26	\$0.00	\$86.26
Class A All Employees Health under 70	Couple	1		\$181.39	\$181.39	\$362.78
	Family	1		\$181.39	\$0.00	\$181.39
Class A All Employees Second Opinion	Couple	1		\$1.00	\$0.00	\$1.00
Class B All Owners Dental	Single	2		\$58.90	\$29.45	\$88.35
	Family	1		\$86.26	\$0.00	\$86.26
Class B All Owners Health Under Age 70	Single	2		\$79.62	\$39.81	\$119.43
	Family	1		\$107.60	\$0.00	\$107.60
Class A All Employees AD&D		3	541,000	\$24.35	\$9.00	\$33.35
Class A All Employees CI		2	100,000	\$62.50	\$31.25	\$93.75
Class A All Employees Dependent Life		1		\$2.72	\$0.00	\$2.72
Class A All Employees LTD		3	7,500	\$201.90	\$67.30	\$269.20
Class A All Employees Life		3	631,000	\$155.23	\$61.50	\$216.73
Class A All Employees WI		3	3,000	\$213.90	\$71.30	\$285.20
Class B All Owners LTD		3	15,000	\$367.50	\$122.50	\$490.00
Class B All Owners Life		3	750,000	\$184.50	\$61.50	\$246.00
Class B All Owners WI		3	3,000	\$267.00	\$89.00	\$356.00
<b>Total Billed</b>			<b>2,050,500</b>	<b>\$2,377.73</b>	<b>\$793.45</b>	<b>\$3,171.18</b>

Total amounts billed for the current period.

Total adjustments reflected on this invoice statement.

The Start Date indicated here is based on the coverage in force as of the 1<sup>st</sup> of the month with any premium-impacting changes applied to the following month's invoice.

**Current customers:** Invoices are no longer prorated for mid-month premium changes.

The Change Reason listed in this column describes the reason for any change that may have occurred to a member's benefits. Please see below to interpret change reasons that may appear.

SASKATCHEWAN BLUE CROSS		COMPANY NAME				Billing Revision		Issue Date Mar 21, 2025
Blue Cross Number	Employee Number	Name	Plan/Class	Start Date	End Date	Change Reason		
123456		SMITH, JULIE	Class A All Employees Dental	Mar 01, 2025		New subscription		
			Class A All Employees Health under 70	Mar 01, 2025				
			Class A All Employees AD&D	Mar 01, 2025				
			Class A All Employees CI	Mar 01, 2025				
			Class A All Employees LTD	Mar 01, 2025				
			Class A All Employees Life	Mar 01, 2025				
			Class A All Employees WI	Mar 01, 2025				
123456		SMITH, JOHN	Class B All Owners Dental	Mar 01, 2025		New subscription		
			Class B All Owners Health Under Age 70	Mar 01, 2025				
			Class B All Owners LTD	Mar 01, 2025				
			Class B All Owners Life	Mar 01, 2025				
			Class B All Owners WI	Mar 01, 2025				

### Change reasons may include:

- **Cancelled subscription** indicates that a plan member has been terminated from your plan during this billing period.
- **Survivor benefit** indicates that a plan member's plan benefits have transitioned to their named beneficiary/survivor during this billing period.
- **Plan cancelled** indicates that a plan member has had a line of benefit removed from their plan this billing period.
- **Plan added** indicates that a plan member has had a line of benefit added to their plan during this billing period.
- **New subscription** indicates that a plan member has been added during this billing period.
- **Status change** indicates that a plan member has had an eligibility change during this billing period.
- **Waiver** indicates that a plan member is on Long Term Disability and the premium for their benefit has been waved.
- **Volume change** indicates that there has been a salary change that has impacted a members' life volumes, resulting in a changed rate.

This section of the invoice displays the premium breakdown for each member.

BASKATCHEWAN BLUE CROSS		COMPANY NAME					Issue Date Mar 21, 2025			
Blue Cross Number	Employee Number	Name	Coverage Period	Plan/Class	Status	Volume	Billed	Employer	Member	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class A All Employees Dental	Single		\$29.45	\$29.45	\$0.00	New subscription
				Class A All Employees Health under 70	Couple		\$181.39	\$181.39	\$0.00	
				Class A All Employees AD&D		200,000	\$9.00	\$0.00	\$9.00	
				Class A All Employees CI		50,000	\$31.25	\$0.00	\$31.25	
				Class A All Employees LTD		2,500	\$67.30	\$0.00	\$67.30	
				Class A All Employees Life		250,000	\$61.50	\$0.00	\$61.50	
			Apr 01, 2025 - Apr 30, 2025	Class A All Employees WI		1,000	\$71.30	\$0.00	\$71.30	
				Class A All Employees Dental	Single		\$29.45	\$29.45	\$0.00	
				Class A All Employees Health under 70	Couple		\$181.39	\$181.39	\$0.00	
				Class A All Employees AD&D		200,000	\$9.00	\$0.00	\$9.00	
				Class A All Employees CI		50,000	\$31.25	\$0.00	\$31.25	
				Class A All Employees LTD		2,500	\$67.30	\$0.00	\$67.30	
123456		SMITH, JOHN	Apr 01, 2025 - Apr 30, 2025	Class A All Employees Life		250,000	\$61.50	\$0.00	\$61.50	
				Class A All Employees WI		1,000	\$71.30	\$0.00	\$71.30	
				<b>Total Billed</b>			<b>\$902.38</b>			
				Class B All Owners Dental	Family		\$86.26	\$86.26	\$0.00	
				Class B All Owners Health Under Age 70	Family		\$107.60	\$107.60	\$0.00	
				Class B All Owners LTD		5,000	\$122.50	\$0.00	\$122.50	
			Apr 01, 2025 - Apr 30, 2025	Class B All Owners Life		250,000	\$61.50	\$0.00	\$61.50	
				Class B All Owners WI		1,000	\$89.00	\$0.00	\$89.00	
				<b>Total Billed</b>			<b>\$466.86</b>			
				Class A All Employees Dental	Couple		\$86.26	\$86.26	\$0.00	
				Class A All Employees Second Opinion	Couple		\$1.00	\$1.00	\$0.00	
				Class A All Employees AD&D		141,000	\$6.35	\$0.00	\$6.35	
123456		SMITH, JOHN	Apr 01, 2025 - Apr 30, 2025	Class A All Employees CI		50,000	\$31.25	\$0.00	\$31.25	
				Class A All Employees Dependent Life			\$2.72	\$0.00	\$2.72	
				Class A All Employees LTD		2,500	\$67.30	\$0.00	\$67.30	
				Class A All Employees Life		141,000	\$34.69	\$0.00	\$34.69	
				Class A All Employees WI		1,000	\$71.30	\$0.00	\$71.30	
				<b>Total Billed</b>			<b>\$300.87</b>			
			Apr 01, 2025 - Apr 30, 2025	Class A All Employees Dental	Family		\$86.26	\$86.26	\$0.00	
				Class A All Employees Health under 70	Family		\$181.39	\$181.39	\$0.00	

If your group has Employee Numbers, they will display in this column.

Member certificate numbers

Coverage period

Benefits covered

The total amount due per member for the coverage period. If a member lives in a province where tax is charged, an additional tax line will be included here.

Where an adjusted premium breakdown has occurred, the following will appear:


BASKATCHEWAN BLUE CROSS		COMPANY NAME					Issue Date Mar 21, 2025			
Blue Cross Number	Employee Number	Name	Coverage Period	Plan/Class	Status	Volume	Billed	Employer	Member	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class A All Employees Dental	Single		\$29.45	\$29.45	\$0.00	New subscription
				Class A All Employees Health under 70	Couple		\$181.39	\$181.39	\$0.00	
				Class A All Employees AD&D		200,000	\$9.00	\$0.00	\$9.00	
				Class A All Employees CI		50,000	\$31.25	\$0.00	\$31.25	
				Class A All Employees LTD		2,500	\$67.30	\$0.00	\$67.30	
				Class A All Employees Life		250,000	\$61.50	\$0.00	\$61.50	
			Apr 01, 2025 - Apr 30, 2025	Class A All Employees WI		1,000	\$71.30	\$0.00	\$71.30	
				Class A All Employees Dental	Single		\$29.45	\$29.45	\$0.00	
				Class A All Employees Health under 70	Couple		\$181.39	\$181.39	\$0.00	
				Class A All Employees AD&D		200,000	\$9.00	\$0.00	\$9.00	
				Class A All Employees CI		50,000	\$31.25	\$0.00	\$31.25	
				Class A All Employees LTD		2,500	\$67.30	\$0.00	\$67.30	
Apr 01, 2025 - Apr 30, 2025	Class A All Employees Life		250,000	\$61.50	\$0.00	\$61.50				
	Class A All Employees WI		1,000	\$71.30	\$0.00	\$71.30				
	<b>Total Billed</b>			<b>\$902.38</b>						

Where multiple dates appear in the Coverage Period column, this indicates that a premium-impacting benefit change has occurred and additional premiums must be collected or refunded. A premium adjustment will be reflected here back to the indicated date.

Where a member has had a premium-impacting benefit change, this note will match the Change Reason on the Billing Revision page of your invoice.

# Premium invoice billing for Status and Non-Status groups

Groups that have both Status and Non-Status Employees will now receive two invoices for NIHB eligibility for both your insured and ASO plans.



Invoices for Status members will have an "S" identifier.


<b>Group</b>	12345	<b>COMPANY NAME - S</b>	<b>Issue Date</b> Feb 26, 2025
<b>Roll Number</b>	1	<b>Statement of Account for Mar 2025</b>	<b>Due Date</b> Mar 01, 2025
<b>Invoice</b>	SBC123457		

Client Administration Representative  
Group Benefits Service

**Total Payable**      **\$320,976.57**

Please return this page with your payment to  
SASKATCHEWAN BLUE CROSS, P.O. BOX 4030 516 2ND AVENUE NORTH, SASKATOON, SK S7K 3T2

Please write invoice number on cheque



Invoices for Non-Status members will have an "NS" identifier.

<b>Group</b>	12345	<b>COMPANY NAME - NS</b>	<b>Issue Date</b> Feb 27, 2025
<b>Roll Number</b>	1	<b>Statement of Account for Mar 2025</b>	<b>Due Date</b> Mar 01, 2025
<b>Invoice</b>	SBC123457		

Client Administration Representative  
Group Benefits Service


**Total Payable**      **\$104,028.66**

Please return this page with your payment to  
SASKATCHEWAN BLUE CROSS, P.O. BOX 4030 516 2ND AVENUE NORTH, SASKATOON, SK S7K 3T2


Please write invoice number on cheque

Members who are Status and who have Non-Status dependents will appear on the Status invoice. Members who are Non-Status and have Status dependents will appear on the Non-Status invoice.

## Invoice for Status members

		COMPANY NAME - S				Issue Date Feb 26, 2025		
Blue Cross Number	Employee Number	Name	Coverage Period	Plan/Class	Status	Volume	Billed	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class A All Status Employees	Couple		\$12.66	
				Dental				
				Class A All Status Employees	Couple		\$50.36	
				Health				
				Class A All Status Employees MSO	Couple		\$1.00	
				Class A All Status Employees		185,000	\$6.48	
				AD&D				
				Class A All Status Employees CI		50,000	\$35.00	
				Class A All Status Employees Dep			\$3.76	
				Life				
				Class A All Status Employees LTD		4,000	\$153.16	
				Class A All Status Employees		185,000	\$59.57	
				Member Life				
Class A All Status Employees WI		900	\$20.43					
<b>Total Billed</b>							<b>\$342.42</b>	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class A All Status Employees	Family		\$12.66	
				Dental				
				Class A All Status Employees	Family		\$50.36	
				Health				
				Class A All Status Employees MSO	Family		\$1.00	
				Class A All Status Employees		59,000	\$2.07	
				AD&D				
				Class A All Status Employees CI		50,000	\$35.00	
				Class A All Status Employees Dep			\$3.76	
				Life				
				Class A All Status Employees LTD		1,829	\$70.03	
				Class A All Status Employees		59,000	\$19.00	
				Member Life				
Class A All Status Employees WI		422	\$9.58					
<b>Total Billed</b>							<b>\$203.46</b>	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class A All Status Employees	Single		\$4.50	
				Dental				
				Class A All Status Employees	Single		\$18.20	
				Health				
				Class A All Status Employees MSO	Single		\$1.00	
				Class A All Status Employees		59,000	\$2.07	
AD&D								
Class A All Status Employees CI		50,000	\$26.35					
Class A All Status Employees LTD		1,829	\$70.03					

## Invoice for Non-Status members

		COMPANY NAME - NS				Issue Date Feb 27, 2025		
Blue Cross Number	Employee Number	Name	Coverage Period	Plan/Class	Status	Volume	Billed	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class B All Non-Status Employees	Couple		\$124.14	
				Dental				
				Class B All Non-Status Employees	Couple		\$409.38	
				Health				
				Class B All Non-Status Employees	Couple		\$1.00	
				MSO				
				Class B All Non-Status EEs		64,750	\$20.85	
				Member Life				
				Class B All Non-Status Employees		185,000	\$6.48	
				AD&D				
				Class B All Non-Status Employees		50,000	\$35.00	
				CI				
				Class B All Non-Status Employees			\$3.76	
				Dep Life				
				Class B All Non-Status Employees		4,000	\$153.16	
LTD								
Class B All Non-Status Employees		900	\$20.43					
WI								
<b>Total Billed</b>							<b>\$774.20</b>	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class B All Non-Status Employees	Family		\$124.14	
				Dental				
				Class B All Non-Status Employees	Family		\$409.38	
				Health				
				Class B All Non-Status Employees	Family		\$1.00	
				MSO				
				Class B All Non-Status EEs		167,000	\$53.77	
				Member Life				
				Class B All Non-Status Employees		167,000	\$5.85	
				AD&D				
				Class B All Non-Status Employees		50,000	\$35.00	
				CI				
Class B All Non-Status Employees			\$3.76					
Dep Life								
Class B All Non-Status Employees		4,000	\$153.16					
LTD								
Class B All Non-Status Employees		900	\$20.43					
WI								
<b>Total Billed</b>							<b>\$806.49</b>	
123456		SMITH, JOHN	Mar 01, 2025 - Mar 31, 2025	Class B All Non-Status Employees	Family		\$124.14	
				Dental				
				Class B All Non-Status Employees	Family		\$409.38	
				Health				
				Class B All Non-Status Employees	Family		\$1.00	
				MSO				
Class B All Non-Status EEs		130,000	\$41.86					
Member Life								
Class B All Non-Status Employees		130,000	\$4.55					

## Get in touch

Our business hours are 8:00 a.m. to 4:00 p.m., M–F.

Phone: 306-667-5861

Fax: 306-667-5472

Email: [groupservicecentre@sk.bluecross.ca](mailto:groupservicecentre@sk.bluecross.ca)

### SASKATOON

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