

BLUE CHOICE[®]
POLICY



Table of Contents

Section A	
Definitions	3
Section B	
Core Health Benefits	
In-Province Benefits	4
Out-Of-Province Referral Benefits	5
Out-Of-Saskatchewan (Within Canada) Emergency Benefits	6
Funeral Expense Benefits	7
Accidental Death & Dismemberment Benefits	7
Section C	
Optional Benefits	
Prescription Drugs	7
Dental	7
Hospital Cash	10
VIP Travel	11
Student Accident	13
Critical Illness	16
Term Life Insurance	18
Section D	
General Exclusions	18
Section E	
General Terms	19
Section F	
Claims	21

IMPORTANT NOTICE – PLEASE READ YOUR POLICY CAREFULLY

This *Policy* contains a description of the Core Health Benefits and Optional Benefits available with Blue Choice® Personal Health 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. **Italicized terms are defined in your *Policy*.**

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

The Out-of-Saskatchewan (Within Canada) Emergency Benefits and the Optional VIP Travel Benefits are designed to cover losses arising from a sudden and unforeseeable *Emergency* and typically not follow-up or recurrent care. We want you to understand (and it is in your best interests to know) what your *Policy* includes, what it excludes, and what is limited (payable but with limits). Please take time to read through your *Policy* before you travel.

- This insurance does not cover anyone travelling outside Saskatchewan with the intent to seek medical or dental advice or *Treatment*, even when recommended by a *Physician* or *Dentist*.
- This insurance contains both benefit-specific and general *Policy* limitations and exclusions (e.g. *Medical Conditions* that are not *Stable*, pregnancy, excessive use of alcohol, high risk activities).
- This insurance may not cover claims related to *Pre-Existing Medical Conditions*. Check to see how this information applies to your *Policy* and how it relates to your date of departure.
- In the event of a claim your prior medical history may be reviewed.

Your *Policy* requires you to notify the Saskatchewan Blue Cross Travel Assistance Provider within twenty-four (24) hours of your *Emergency* so they can confirm coverage and provide authorization for *Treatment*. Should your illness or *Injury* be serious or critical, first seek the urgent medical attention you require. A family member, travelling companion, or treating facility may contact our Travel Assistance Provider at earliest chance. If your condition does not require immediate medical attention, we recommend you contact the emergency assistance numbers prior to seeking *Treatment*.

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

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

All other locations **306.667.5299** collect

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

It is your responsibility to understand your coverage. If you have any questions regarding your *Policy*, contact Saskatchewan Blue Cross at 306.244.1192 or 1.800.667.6853 (toll-free within Canada), or visit sk.bluecross.ca.



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 “Blue Choice” Personal Health 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, and 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*

Dependent(s) must be listed in the *Policyholder's* Blue Choice* *Application for Insurance* 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

Drug Products that:

- Have been approved by Health Canada for specific indications and assigned a drug identification number (DIN)
- Are dispensed by a licensed *Pharmacist*, *Physician*, or *Dentist* (or other qualified health professionals authorized by law)
- Legally require a prescription from a *Physician* or *Dentist*, (or other qualified health professionals authorized by law)
- Are marketed and available for purchase in Canada

Eligible Expenses

Means *Reasonable and Customary Charges* for the benefits outlined in this *Policy* that are usual, customary and reasonable as determined by Saskatchewan Blue Cross.

Emergency

Means a sudden and unforeseen *Medical Condition* that requires immediate *Treatment*. An *Emergency* no longer exists when the evidence indicates that no further *Treatment* is required at destination or you are able to return to your province/territory of residence for further *Treatment*.

Hospital

Means an institution that is licensed as an accredited *Hospital* that is staffed and operated for the care and *Treatment* of *In-patients* and out-patients. *Treatment* must be supervised by *Physicians* and there must be registered nurses on duty 24 hours a day. Diagnostic and surgical capabilities must also exist on the premises or in facilities controlled by the establishment.

A *Hospital* is not an establishment used mainly as a clinic, extended or palliative care facility, rehabilitation facility, addiction treatment centre, convalescent, rest or nursing home, home for the aged or health spa.

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 Condition

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

Pharmacist

Means a person qualified and licensed to dispense *Drugs* and medicine on a *Physician's* prescription under the laws of the place where the services are provided.

Physician

Means a person who is not you or a member of your *Immediate Family* or your traveling companion licensed in the jurisdiction where the services are provided, to prescribe and administer medical *Treatment*.

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.

Pre-existing Medical Condition

Means any *Medical Condition* that exists during the ninety (90) days immediately preceding the departure date.

Preferred Hospital Accommodation

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

Reasonable and Customary Charges

Means charges incurred for goods and services that are comparable to what other providers charge for similar goods and services in the same geographical area.

Spouse

Means a person who is legally married to the *Policyholder* or who has continuously resided with the *Policyholder* in a common-law relationship for at least 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.

Stable

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

- There has not been any new *Treatment* prescribed or recommended, or change(s) to existing *Treatment* (including a stoppage in *Treatment*), and
- There has not been any change to any existing prescribed drug (including an increase, decrease, or stoppage to prescribed dosage), or any recommendation or starting of a new prescription drug, and
- There has not been any new, more frequent or more severe symptoms, and
- There has been no hospitalization or referral to a specialist, and
- There have not been any tests, investigation or *Treatment* recommended, but not yet complete, nor any outstanding test results, and there is no planned or pending *Treatment*

All of the above conditions must be met for a *Medical Condition* to be considered *Stable*.

Treatment

Means a procedure prescribed, performed or recommended by a *Physician* for a *Medical Condition*. This includes but is not limited to

prescribed medication, investigative testing and surgery.

Section B: Core Health Benefits

IN-PROVINCE BENEFITS

The following *Eligible Expenses* are covered under Blue Choice® Personal Health Plans.

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 emergency 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 required to transport an *Insured* patient to their home residence, or another *Hospital* for continuing care, when ordered by the treating *Hospital Physician* as medically necessary following emergency *Hospital Treatment*, payable at fifty percent (50%). Documentation to support the order and medical necessity will be required.

Charges for ambulance services that transport an *Insured* patient to and from *Hospitals*, *Physician's* offices, laboratories or medical clinics for scheduled care 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 *In-patient* as well as in the home of the *Insured* (excluding nursing homes), for care consistent with the diagnosis and *Treatment* of the *Medical 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 \$5,000 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 limited 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 or rental of a wheelchair and/or hospital bed to a *Lifetime Maximum* of \$500 per *Insured*.

Charges for the purchase or rental of a patient walker to a *Lifetime Maximum* of \$300 per *Insured*.

Charges for the 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.

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.

Prosthetic and 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 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

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

Diabetic Equipment

Charges for poking devices, glucose meters, or other equipment approved by Saskatchewan Blue Cross used for the *Treatment* and control of diabetes, payable at eighty percent (80%) up to \$500 per *Insured* in a five (5) year period.

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.

Health Practitioners

Charges for diagnosis or treatment by a licensed or Saskatchewan Blue Cross approved acupuncturist, chiroprapist/podiatrist¹, chiropractor, massage therapist, naturopath, physiotherapist/athletic therapist², psychologist/counsellor/social worker³, or speech-language pathologist, except when performed in a *Hospital*, up to \$400 per *Insured* per *Policy* year

for each type of practitioner or combined group. A *Physician* referral may be required for the services of a registered massage therapist.

¹Chiropracists and podiatrists share a combined benefit maximum

²Physiotherapists and athletic therapists share a combined benefit maximum

³Psychologists, counsellors and social workers share a combined benefit maximum

Orthopaedic Shoes and 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 chiroprapist/podiatrist and custom built and supplied by a certified pedorthist, orthotist or chiroprapist/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 \$100 per *Insured* once in any twenty four (24) month period. Charges for prescription eyewear or laser eye surgery up to \$150 per *Insured* in a 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 *In-patient*
- 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 Benefits

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

1. The referral outside of Saskatchewan must be medically necessary for a life threatening *Medical 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 only be made for services and supplies rendered while the *Insured* was under the active *Treatment* of a *Physician*.
4. 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 *Treatment* or has been prescribed *Drugs* twelve (12) months prior to the effective date of this coverage
 - Where the *Medical Condition* existed prior to the effective date of this coverage
5. 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 an *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 either an attending *Physician* or a commercial airline advises, in writing, 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 an *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 chiropractor/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. Situation where no benefit will be paid:
 - A trip made for the purpose of obtaining a diagnosis, *Treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly related complication.
2. We will not pay a benefit with respect to non-*Emergency*, experimental or elective *Treatment* (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
3. No benefits are payable if the *Insured* receives the same benefits from a third party insurer.
4. If our medical advisors determine that you should transfer to another facility or return to your home province/territory of residence for *Treatment*, and you choose not to, benefits will not be paid for further medical *Treatment* and coverage will be limited to unrelated events.
5. Situation where no benefit will be paid:

- Any *Medical Condition* which is not *Stable* ninety (90) days immediately preceding the departure date.
6. Situation where no benefit will be paid:
- Any *Medical Condition* or symptoms for which it is reasonable to believe or expect that *Treatments* will be required during your trip.
7. Situations where your claim will not be paid:
- Any *Medical Condition*, including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs or other intoxicants whether prior to or during your trip.
 - Any *Medical Condition* arising during your trip from, or in any way related to, the abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood, drugs or other intoxicants.
8. Situation where your claim will not be paid:
- Any *Medical Condition* that is the result of you not following *Treatment* as prescribed to you, including prescribed medication.
9. Situation where your claim will not be paid:
- Claim related to routine pre-natal or post-natal care.
 - Claim related to pregnancy, delivery, or complications of either, arising 8 weeks before the expected date of delivery or 8 weeks after.

FUNERAL EXPENSE BENEFITS

This benefit is available to *Insureds* 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	50% 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 one or more of the following conditions applies to the *Insured*:
 - Is a member of the aircraft crew maintenance, testing or control of the aircraft
 - Has any duties relating to the operation,
 - 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 will pay eighty percent (80%) for *Drugs* prescribed to an *Insured* and listed in the Saskatchewan Drug Plan Formulary.

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

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

Basic Services

Diagnostics

Clinical Oral Examination

Complete oral examination of new patient
(one per three *Policy* year period 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 bitewings¹

Panoramic¹

¹(one of either type every three *Policy* years)

Cephalometric (five per two *Policy* years)

Occlusal (two per *Policy* year)

Bitewing²

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)

Polishing³

Fluoride treatment³

Oral hygiene instruction/plaque control³

³(one unit 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 diskings 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

Adjunctive 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 Appliances⁴

Maintenance, adjustments, repairs and relines

TMJ Appliances⁴

Maintenance, adjustments, repairs and relines

Myofacial Pain Syndrome Appliances⁴

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 Rebase⁵

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 conditioning⁶

Resilient liner⁶

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 Services

Extensive Restorative Procedures

Inlay and Onlay Restorative Procedures

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

Prosthetic Services - Removable

Complete Dentures⁷

Standard

Transitional

Overdenture

Attached to implants

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

Partial Dentures⁸

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)

Prosthetic 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.
9. If dental benefits are cancelled for any reason and subsequently reinstated, benefits will be subject to the 3-month waiting period and will continue through regular coverage progression. If a *Policyholder* held dental coverage under an employer benefits plan, the waiting period will be waived and coverage grandfathered based on the number of years dental coverage was held under the previous plan, provided coverage is applied for within 60 days of termination of the previous plan.

HOSPITAL CASH

Saskatchewan Blue Cross will pay the following amounts per *Policy* year if an *Insured* is confined to a *Hospital* on an *In-patient* 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 if due to an *Accident*
- 4th day of hospitalization if due to illness
- 8th day of hospitalization if 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 an *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 an *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 Care

Accommodation

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

Services and Supplies

In-patient and outpatient services and supplies provided while in

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 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.

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 an *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 our medical advisors (in consultation with the attending *Physician*). This benefit also applies to an *Insured* who is travelling with the patient at the time of illness or *Accident*. If any *Insured* is holding a valid open-return air ticket, this benefit does not apply.

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 our medical advisors (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 an *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 an *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 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	- <i>Insured</i> or <i>Spouse</i> - <i>Dependent</i> 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. The *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. Situation where no benefit will be paid:
 - A trip made for the purpose of obtaining a diagnosis, *Treatment*, surgery, investigation, palliative care, or any alternative therapy, as well as any directly or indirectly-related complication.
4. Situation where no benefit will be paid:
 - Any *Medical Condition* which is not *Stable* ninety (90) days immediately preceding the departure date.
5. Situation where no benefit will be paid:
 - Any *Medical Condition* or symptoms for which it is reasonable to believe or expect that *Treatments* will be required during your trip.
6. Situation where your claim will not be paid:
 - The continued *Treatment* or recurrence of a *Medical Condition* or related condition, following *Emergency Treatment* during your trip, if our medical advisors determine that your *Emergency* has ended.
 - This also applies to the continued *Treatment* or recurrence of a *Medical Condition* or related condition where *Emergency Treatment* was received without notification to our Travel Assistance Provider and your *Emergency* has ended.
7. Situations where your claim will not be paid:
 - Any *Medical Condition*, including symptoms of withdrawal, arising from, or in any way related to, your chronic use of alcohol, drugs or other intoxicants whether prior to or during your trip.
 - Any *Medical Condition* arising during your trip from, or in any way related to, the abuse of alcohol resulting in a blood alcohol level of more than 80 mg of alcohol per 100 ml of blood, drugs or other intoxicants.
8. Situation where your claim will not be paid:
 - Any *Medical Condition* that is the result of you not following *Treatment* as prescribed to you, including prescribed medication.
9. Situation where your claim will not be paid:
 - Claim related to routine pre-natal or post-natal care
 - Claim related to pregnancy, delivery, or complications of either, arising 8 weeks before the expected date of delivery or 8 weeks after
10. Situations where your benefit payments will be limited:
 - An official travel advisory was issued by the Canadian

government stating “Avoid all non-essential travel” or “Avoid all travel” regarding the country, region or city of your destination, before date of departure.

- To view the travel advisories, visit the Government of Canada Travel site.

(This exclusion does not apply to claims for an *Emergency* or a *Medical Condition* unrelated to the travel advisory.)

11. Situation where your claim will not be paid:
 - Any claim incurred after a *Physician* advised the *Insured* not to travel
12. Situation where your benefit payments may be limited or claim will not be paid:
 - You receive *Emergency Treatment* without notifying our Travel Assistance Provider
 - You proceed with investigation, *Treatment* or surgery without pre-approval and which is not considered *Emergency Treatment*
13. If our medical advisors determine that you should transfer to another facility or return to your home province/territory of residence for *Treatment*, and you choose not to, benefits will not be paid for further *Treatment* and coverage will be limited to unrelated events.
14. After your *Emergency Treatment* has started, our medical advisors must assess and pre-approve additional medical *Treatment*. If you undergo tests as part of a medical investigation, *Treatment* or surgery, obtain *Treatment* or undergo surgery that is not pre-approved, your claim will not be paid.
15. We will not pay a benefit with respect to non-*Emergency*, experimental or elective *Treatment* (e.g. cosmetic surgery, chronic care, rehabilitation including any expenses for directly or indirectly related complications).
16. Travel booked or commenced after receipt of a terminal prognosis.
17. *Premiums* paid for the VIP Travel are non-refundable.
18. Payment will be made by Saskatchewan Blue Cross and/or its authorized agents directly to the *Policyholder*, *Beneficiary*, or *Provider* of service. Payment made in Canadian funds for expenses incurred in another currency will be based on the rate of exchange in effect at the time the service was provided or the product supplied, as determined by any Canadian chartered bank.
19. The *Insured* agrees to assign to Saskatchewan Blue Cross and/or its authorized agents reimbursement or payment for any claims for benefits under the applicable Saskatchewan Health Insurance Act submitted by Saskatchewan Blue Cross and/or its authorized agents in respect of *Hospital* and medical benefits provided outside Canada.
20. 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 the 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, Chiropractic 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*, provided 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 will be payable for such fracture or dislocation. 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 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
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Knee

(injured and requiring surgery when there is no fracture or dislocation)	\$65
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Punctured Lung

(with open surgery)	\$70
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Bone Operation

(removal of injured portion when there is no fracture or dislocation)	\$60
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Ruptured Kidney, Liver, Spleen

(operative)	\$80
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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 an *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*. 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 payable for this benefit is subject to an aggregate limit of \$2,250.

Travel Accident Emergency

In the event of an *Accident* where 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 a *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 Student*
- 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, 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
<i>Policyholder</i>	\$10,000	or	\$25,000
<i>Spouse</i>	\$10,000	or	\$25,000
<i>Dependent children</i>	\$ 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 *Policyholder's 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 *Policy*, 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. We will not pay a claim if any *Insured* under this *Policy* or anyone acting on behalf of an *Insured* attempts to deceive us or makes a fraudulent, false or exaggerated statement or claim.
3. We will not pay a benefit if you are not covered under the public health plan funded by the Saskatchewan government. It is your responsibility to check that you do have this coverage.
4. Situation where your claim will not be paid:
 - Claim that results from or is related to your involvement in the commission or attempted commission of a criminal offence or illegal act.
5. Any services rendered for rehabilitation or ongoing care in connection with any substance abuse treatment program.
6. Any services in the nature of a respite or travel for health.
7. Any services rendered for cosmetic purposes.
8. Situation where your claim will not be paid:

Accident that occurs while you are participating in:

- Any sporting activity for which you are paid;
- Any sporting event for which the winners are awarded cash prizes;
- Any extreme sport or activity involving a high level of risk, such as those indicated below, but not limited to:
 - Hang-gliding and paragliding;
 - Parachuting and sky diving;
 - Bungee jumping;
 - Climbing or mountaineering;
 - Kite surfing;
 - Scuba diving, outside the limits of your certification;
 - Any combat sport;
 - Any competition, speed event or other high-risk activity involving the use of a motor vehicle on land, water or air, including training activities, whether on approved tracks or elsewhere;
 - Any behaviour involving risk, including but not limited to:
 - Not following security requirements, not obeying warning signs
 - Entering into restricted zones

9. 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.
10. 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 instruction and/or cautions
11. Any services provided by an *Immediate Family* member of the *Insured* or by a person who normally resides with the *Insured*.
 12. Any dental services or products required due to implants or services in conjunction with implants.
 13. Any expenses incurred due to suicide, attempted suicide or self-inflicted *Injury* of an *Insured* under this *Policy*.
 14. Any expenses incurred due to abuse of medication, toxic substances, alcohol or the use of non-prescribed drugs.
 15. Situation where your claim will not be paid:
Claim related to willing participation in:
 - An act of war whether declared or undeclared;
 - A riot or civil disorder;
 - Hijacking;
 - Kidnapping;
 - Terrorism;
 - And any service in the armed forces
 16. Any services or *Treatments* that contravene any legislation enacted by any government in Canada.

terminated if an *Insured* no longer qualifies for provincial health coverage.

4. Claims submitted for expenses incurred outside Saskatchewan shall include all requested reports pertaining to the services rendered that would assist Saskatchewan Blue Cross and/or its authorized agents in the proper assessment of the claim.
5. Saskatchewan Blue Cross and/or its authorized agents 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.
6. The *Insured* shall cooperate fully with Saskatchewan Blue Cross and/or its authorized agents in the assessment of any claim made by or on the behalf of the *Insured*.
7. Saskatchewan Blue Cross and/or its authorized agents 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).
8. 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*.
9. 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.
10. Saskatchewan Blue Cross and/or its authorized agents 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.
11. 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."

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. Coverage will be

12. 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.
13. 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.
14. The amount of benefits payable under this *Policy* shall be calculated as at the time the service was provided.
15. 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.
16. An *Insured* who is unsatisfied or disagrees with the outcome of a claim may challenge the decision by submitting a written request that outlines the basis for appeal. The request should be addressed to Appeals, Health & Dental Claims within three (3) months from the date of the initial claim decision. If unsatisfied with the appeal decision, a subsequent challenge may be submitted in writing to the Manager, Health & Dental Claims within three (3) months from the date of the initial appealed decision.
17. 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.
18. Claims must be submitted within twelve (12) months of date of service.
19. Saskatchewan Blue Cross reserves the right to decline coverage for an applicant, spouse or dependent based on medical evidence.
20. Assignment of Benefits in this *Policy* is valid only if agreed to by Saskatchewan Blue Cross.
21. In the case of delayed dental procedures related to an Accidental Dental claim under the Core Health or VIP Travel benefits, coverage must be continuous and the *Policy* must be in force at the time of service to receive payment.
22. 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*.
23. All amounts referred to in this *Policy* are in Canadian currency.
24. 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.
25. All members of a family must apply for coverage.
26. 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.

27. Termination of Insurance

Policyholders may terminate this *Policy* by providing advanced written notification to Saskatchewan Blue Cross. Once approved, coverage will be terminated for the end of the month in which this notice is received. Saskatchewan Blue Cross will not backdate or approve retroactive termination dates. It is the responsibility of the *Policyholder* to notify Saskatchewan Blue Cross of their intent to cancel this *Policy*.

- 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.
28. 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 a *Policy* 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.
29. 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 using an approved online claim submission method. For details, visit sk.bluecross.ca.

Alternatively, 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.

For expenses related to a medical emergency while travelling outside your province of residence, complete a Travel Insurance Claim Form available at sk.bluecross.ca. All emergency out-of-province/Canada claims are processed and managed by our Travel Assistance Provider.

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.

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 and/or its authorized agents directly to the *Policyholder*, estate, *Beneficiary*, or *Provider*.

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

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



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