

AMENDMENT: CRITICAL ILLNESS AND TERM LIFE OPTIONAL BENEFIT POLICY



IMPORTANT NOTICE - PLEASE READ YOUR POLICY CAREFULLY

This Policy contains a description of the Critical Illness and Term Life Optional Benefits available with Blue Choice® and/or Conversion Personal Health Plans. Refer to your original offer letter to identify your benefits, as you may not have purchased these optional benefits and/or you may have specific exclusions and limitations. Italicized terms are defined in your full Policy booklet. All benefits contained herein are in full or partially underwritten by Blue Cross Life Insurance Company of Canada®.

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.

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:

- All *Dependents* except newborn children may be added to this option only after satisfactory evidence of insurability is submitted to Saskatchewan Blue Cross.
- 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
- The *Benefit Survival Period* for the critical illness is thirty (30) days.
- 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

CRITICAL ILLNESS (CONTINUED)

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 in full policy booklet)

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.