

ASO Guide for Plan Administrators

UPDATED APRIL 2025

For more information

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

Paying your invoice

Saskatchewan Blue Cross offers electronic payment options, including:

Automated Payment System Withdrawals (APS Withdrawals)

Formerly Pre-Authorized Payment

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

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

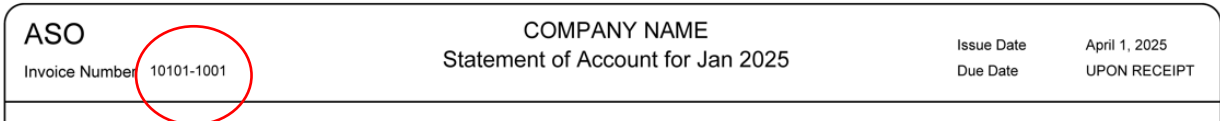
Electronic payment (Direct Deposit)

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

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

Internet payment for ASO and HSA invoices

When paying an ASO or HSA invoice, please include the numbers before the dash of your invoice number, as seen circled below.



	Invoice number
As seen on the invoice	10101-1001
Enter the following number as your Internet Payment account number	10101

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

If your bank has an alphanumeric or minimum character requirement:	Please add ASO before your account number: ASO10101
If your bank requires a special character:	Please add a dash followed by your roll number: 10101-0
If your bank requires both alphanumeric and special characters:	Please add both ASO and a dash followed by your roll number: ASO10101-0

Note that your roll number is your division number without leading zeros. Your ASO invoice does not include your policy or roll number.

ASO Premium Invoice Billing



COMPANY NAME
ASO

Statement of Account for Feb 2025

Issue Date April 1, 2025

Claims by line of benefit.

Plan	Claims	Administration (% of Claims)	Billed
Ambulance	0.00	4.40%	0.00
Dental	585,635.03	4.15%	24,303.85
Extended Health Benefits	138,406.57	4.40%	6,089.89
Hospital	0.00	4.40%	0.00
Prescription Drug Plan	1,283,713.66	4.40%	56,483.40
Vision	75,141.27	4.40%	3,306.22
Subtotal	\$2,082,896.53		\$90,183.36
GST (5% x \$15.97) (GST Registration #10545 2346 RT)			\$0.80
Total Billed			\$2,173,079.89
Total			\$2,173,061.86

Note:
% of claims are based on Claims

Administrative fee percentage charged on your claims.

Admin charges by line of benefit.

Total admin charged for all benefit lines.

Total claims submitted in claiming period.

Subtotal of claims and admin fees.

Total due for this period inclusive of claims, admin fees and all applicable taxes.

Note: Member-level HSA claims for the billing period are included with your invoice.



ASO

COMPANY NAME

Statement of Account for Jan 2025

Issue Date April 1, 2025

Due Date UPON RECEIPT

Invoice Number 10101-1001

Client Administration Representative
Group Benefits Service

Total Payable \$2,165,405.63

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

If paying electronically include the numbers before the dash of your invoice number when remitting payment.

Please return this page with your payment to
SASKATCHEWAN BLUE CROSS, PO BOX 4030 516 2ND AVENUE NORTH, SASKATOON SK S7K 3T2
Please write invoice number on cheque

If paying by cheque include the invoice number on your cheque.



COMPANY NAME		Issue Date	April 1, 2025
Invoice Number	10101-1001	Due Date	UPON RECEIPT
Statement of Account for Jan 2025			
ACCOUNT SUMMARY			
<u>Previous Charges</u>			
Previous Amount Billed		(\$2,656.23)	
Previous Amount Paid		\$5,000.00	
Outstanding Balance			(\$7,656.23)
<u>Current Charges</u>			
Current Amount Billed		\$2,173,061.06	
5% GST		\$0.80	
Current Balance			\$2,173,061.86
Total Payable due UPON RECEIPT			\$2,165,405.63

Ending balance from previous invoice.

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

Tax on the current coverage period.


Current premium for the current coverage period.



COMPANY NAME		Issue Date	April 1, 2025
Invoice Number	10101-1001	Claim Summary Information for ASO	
For Claims Processed from Feb 01, 2025 to Feb 28, 2025			
Plan			Claims
Dental			\$585,635.03
Extended Health Benefits			\$138,406.57
Prescription Drug Plan			\$1,283,713.66
Vision			\$75,141.27
Total			\$2,082,896.53

Premium invoice billing for Status and Non-Status groups

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



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


Group	01234	COMPANY NAME - S	Issue Date	Feb 26, 2025
Roll Number	0123	Statement of Account for Mar 2025	Due Date	Mar 01, 2025
Invoice	SBC123456			

Client Administration Representative

Group Benefits Service

Total Payable **\$320,976.57**

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



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

Group	01234	COMPANY NAME - NS	Issue Date	Feb 27, 2025
Roll Number	0123	Statement of Account for Mar 2025	Due Date	Mar 01, 2025
Invoice	SBC123456			

Client Administration Representative


Group Benefits Service

Total Payable **\$104,028.66**


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

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

Invoice for Status members

		COMPANY NAME - S				Issue Date Feb 26, 2025		
Blue Cross Number	Employee Number	Name	Coverage Period	Plan/Class	Status	Volume	Billed	
1234567		Smith, John	Mar 01, 2025 - Mar 31, 2025	Class A All Status Employees	Couple		\$12.66	
				Dental				
				Class A All Status Employees	Couple		\$50.36	
				Health				
				Class A All Status Employees MSO	Couple		\$1.00	
				Class A All Status Employees		185,000	\$6.48	
				AD&D				
				Class A All Status Employees CI		50,000	\$35.00	
				Class A All Status Employees Dep			\$3.76	
				Life				
				Class A All Status Employees LTD		4,000	\$153.16	
				Class A All Status Employees		185,000	\$59.57	
				Member Life				
Class A All Status Employees WI		900	\$20.43					
Total Billed							\$342.42	
1234567		Smith, Jane	Mar 01, 2025 - Mar 31, 2025	Class A All Status Employees	Family		\$12.66	
				Dental				
				Class A All Status Employees	Family		\$50.36	
				Health				
				Class A All Status Employees MSO	Family		\$1.00	
				Class A All Status Employees		59,000	\$2.07	
				AD&D				
				Class A All Status Employees CI		50,000	\$35.00	
				Class A All Status Employees Dep			\$3.76	
				Life				
				Class A All Status Employees LTD		1,829	\$70.03	
				Class A All Status Employees		59,000	\$19.00	
				Member Life				
Class A All Status Employees WI		422	\$9.58					
Total Billed							\$203.46	
1234567		Smith, Johnny	Mar 01, 2025 - Mar 31, 2025	Class A All Status Employees	Single		\$4.50	
				Dental				
				Class A All Status Employees	Single		\$18.20	
				Health				
				Class A All Status Employees MSO	Single		\$1.00	
				Class A All Status Employees		59,000	\$2.07	
				AD&D				
Class A All Status Employees CI		50,000	\$26.35					
Class A All Status Employees LTD		1,829	\$70.03					

Invoice for Non-Status members

		COMPANY NAME - NS				Issue Date Feb 27, 2025		
Blue Cross Number	Employee Number	Name	Coverage Period	Plan/Class	Status	Volume	Billed	
1234567		Smith, John	Mar 01, 2025 - Mar 31, 2025	Class B All Non-Status Employees	Couple		\$124.14	
				Dental				
				Class B All Non-Status Employees	Couple		\$409.38	
				Health				
				Class B All Non-Status Employees	Couple		\$1.00	
				MSO				
				Class B All Non-Status EEs		64,750	\$20.85	
				Member Life				
				Class B All Non-Status Employees		185,000	\$6.48	
				AD&D				
				Class B All Non-Status Employees		50,000	\$35.00	
				CI				
				Class B All Non-Status Employees			\$3.76	
				Dep Life				
				Class B All Non-Status Employees		4,000	\$153.16	
				LTD				
				Class B All Non-Status Employees		900	\$20.43	
WI								
Total Billed							\$774.20	
1234567		Smith, Jane	Mar 01, 2025 - Mar 31, 2025	Class B All Non-Status Employees	Family		\$124.14	
				Dental				
				Class B All Non-Status Employees	Family		\$409.38	
				Health				
				Class B All Non-Status Employees	Family		\$1.00	
				MSO				
				Class B All Non-Status EEs		167,000	\$53.77	
				Member Life				
				Class B All Non-Status Employees		167,000	\$5.85	
				AD&D				
				Class B All Non-Status Employees		50,000	\$35.00	
				CI				
				Class B All Non-Status Employees			\$3.76	
Dep Life								
Class B All Non-Status Employees		4,000	\$153.16					
LTD								
Class B All Non-Status Employees		900	\$20.43					
WI								
Total Billed							\$806.49	
1234567		Smith, Johnny	Mar 01, 2025 - Mar 31, 2025	Class B All Non-Status Employees	Family		\$124.14	
				Dental				
				Class B All Non-Status Employees	Family		\$409.38	
				Health				
				Class B All Non-Status Employees	Family		\$1.00	
				MSO				
				Class B All Non-Status EEs		130,000	\$41.86	
Member Life								
Class B All Non-Status Employees		130,000	\$4.55					

Get in touch

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

Phone: 306-667-5861

Fax: 306-667-5472

Email: groupservicecentre@sk.bluecross.ca

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