



L.E.A.D.S.

EMPLOYEE BENEFITS

(All Employees)

Placing Your Health First



L.E.A.D.S.

Group Policy Numbers:

Saskatchewan Employees: 51172
Out-of-Saskatchewan Employees: 93712

Class: All Employees

Eligibility Period: To be determined by the employer.

Welcome To Your Group Benefit Program

Group Policy Effective Date: September 1, 1994

Your Group Benefit Program provides you with the assurance that you, and your family, are financially protected today and in the future. Saskatchewan Blue Cross understands the importance of security, strength and stability in people's lives. Our products and services provide you with the assurance that you, and your family, are financially protected today and in the future.

This booklet summarizes the important features of your group program; is prepared as information only; and does not, in itself, constitute an agreement. The exact terms and conditions of your group benefits program are described in the Group Benefits Contract held by your employer.

The information contained in this booklet is important and we suggest it be kept in a safe place.



Web Site: www.sk.bluecross.ca

**This booklet contains all amendments, issued to and including March 23, 2007,
for the Group Benefits Contract held by your employer.**



SCHEDULE OF BENEFITS

Underwritten by Saskatchewan Blue Cross

All Employees and Their
Eligible Dependents

EXTENDED HEALTH CARE BENEFITS

Deductible:	Nil
Reimbursement:	100%
- Paramedical/Health Practitioners:	\$350 Maximum for each type of practitioner per person per calendar year
- Psychologists:	\$350 Maximum per person per calendar year
- Speech Therapists:	\$350 Maximum per person per calendar year
Overall Maximum:	Unlimited unless defined otherwise
Coverage Terminates:	At the earlier of retirement or age 70.

PRESCRIPTION DRUG BENEFITS

Deductible:	A \$5.00 per prescription deductible applies
Pay Direct Drug Card:	100%
Maximum:	Unlimited unless defined otherwise
Coverage Terminates:	At the earlier of retirement or age 70.

HOSPITAL ACCOMMODATION BENEFITS

Deductible:	Nil
Reimbursement:	100% - Private / Semi-Private
Maximum:	Unlimited unless defined otherwise
Coverage Terminates:	At the earlier of retirement or age 70.



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OUTSIDE PROVINCE OF RESIDENCE TRAVEL BENEFITS

Deductible:	Nil
Reimbursement:	100%
Maximum:	\$1,000,000 per person per trip
Coverage Terminates:	At the earlier of retirement or age 70.

VISION CARE BENEFITS

Deductible:	Nil
Reimbursement:	100%
Maximum:	\$250 per person every two calendar years (every calendar year for eligible dependent children)
Coverage Terminates:	At the earlier of retirement or age 70.



SCHEDULE OF BENEFITS

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DENTAL CARE BENEFITS

Dental Fee Schedule: Current General Practitioners' Dental Fee Guide in the Employee's province of residence, with the exception of Employees residing in Alberta in which the current Alberta Blue Cross Usual and Customary General Practitioners' Dental Fee Schedule applies.

BASIC DENTAL:

Deductible:	Nil
Reimbursement:	100%
Maximum:	Unlimited unless defined otherwise
Coverage Terminates:	At the earlier of retirement or age 70.

MAJOR DENTAL:

Deductible:	Nil
Reimbursement:	60%
Maximum:	\$2,000 per person per calendar year
Coverage Terminates:	At the earlier of retirement or age 70.

ORTHODONTIC DENTAL:

(Eligible Dependent Children
over age 6 and under age 18)

Deductible:	Nil
Reimbursement:	50%
Lifetime Maximum:	\$2,000 per person
Coverage Terminates:	At the earlier of retirement or age 70.

ELIGIBLE EMPLOYEES

You are eligible to enrol for benefits if you are a permanent employee actively working at least 15 hours per week and have completed the waiting period shown in the Schedule of Benefits.

Employees may elect coverage by completing an application within 31 days of becoming eligible following the waiting period. Coverage is effective on the later of the date of eligibility or the date that application is made for group benefits provided you are actively at work on the effective date. If not actively at work when you would normally have become eligible, your coverage will commence when you return to work on a permanent basis.

ELIGIBLE DEPENDENTS

Dependents are defined as your legal spouse (as described below) and unmarried, unemployed dependent children including natural, adopted or step-children. Children of a common-law spouse may be covered if they are living with the employee.

The term "spouse" means the person who is legally married to the employee, or has continuously resided with the employee for not less than one full year having been represented as members of a conjugal relationship.

The employee requesting coverage for a "common-law" spouse must give written notice to Saskatchewan Blue Cross. Unless such written request is made, the person legally married to the employee shall be considered to be the covered spouse. Discontinuance of cohabitation with the employee shall terminate coverage of the "common-law" spouse.

At no time will Saskatchewan Blue Cross provide coverage for more than one spouse.

Dependent children are eligible for benefits if they are less than 21 years of age or; if 21 years of age but less than 26 years of age, they must be attending an accredited educational institution, college, or university on a full-time basis.

Unmarried, unemployed children 21 years of age or older qualify if they are dependent upon the covered employee by reason of a mental or physical disability and have been continuously so disabled since the age of 21. Unmarried, unemployed children who became totally disabled while attending an accredited educational institution, college, or university on a full-time basis prior to the age of 26 and have been continuously so disabled since that time also qualify as dependent(s).

Dependent coverage begins for your eligible dependents on the same date as your coverage, or as soon as they become eligible dependents if added later, provided that dependent benefits were applied for within 31 days of their becoming eligible. If coverage is not applied for within this 31 day period, evidence of health for the dependents may have to be submitted and approved before coverage begins.

EVIDENCE OF HEALTH

Proof of good health is not required if application is made within 31 days of first becoming eligible. If coverage is not applied for within this 31 day period, evidence may be requested, at your own expense, for you and your dependents, if any, before benefits commence.

CO-ORDINATION OF BENEFITS

You and your family may also be covered through another plan for Extended Health Care benefits and/or Dental benefits. Generally, when you and your spouse have separate coverage, you should submit your claims to this plan first, then to your spouse's. Claims incurred by your spouse should be submitted to his/her plan first, and then to this plan. Claims for children covered under two plans should initially be submitted to the plan of the spouse with the earlier birthdate in a calendar year. In any case, no more than 100% of the cost of eligible services or supplies is reimbursed.

TERMINATION OF BENEFITS

Coverage for you and your dependents will cease on the earliest of:

- the date you terminate employment,
- the date you cease to be eligible due to retirement, death, leave of absence, age limitation, change in classification, etc., or
- the termination date of the Group Contract.

In the event of your death, coverage for eligible dependents will continue for Health and Dental benefits, if applicable, for a period of one year without payment of premiums until the earliest of:

- the date similar coverage is obtained elsewhere,
- the date which is 12 months from the insured's death, or
- the termination date of the Group Contract.

(The exact terms are contained in the Group Contract)

CLAIMING BENEFITS

If your Group Plan contains the appropriate benefit, the following procedures should be followed in the event of a claim:

1. All claims for Health and Dental Benefits, if applicable, must be submitted within four months of receiving services or supplies. To claim benefits, please follow the procedures described below.

The participant must obtain an official receipt and submit this, along with a completed Group Extended Health Benefits and/or Dental claim form, to Blue Cross for payment. The appropriate claim forms are available from your employer.

2. If your plan includes Group Travel Benefits, an Emergency Out of Province claim form must be completed and submitted along with statements or receipts outlining the services received. Contact Blue Cross for a claim form. All hospital/medical accounts must first be assessed by the provincial government health plan.

Reimbursement will be made by Blue Cross directly to the insured upon receipt and appraisal of the necessary information. Payment is made in Canadian currency based on the rate of exchange in effect at the conclusion of services, as determined by Saskatchewan Blue Cross' chartered bank.

3. All claim forms should be forwarded to your local Blue Cross. The Blue Cross locations are indicated below and on your identification card.

ATLANTIC CANADA

Atlantic Blue Cross Care
P.O. Box 220, 644 Main St.
Moncton, NB E1C 8L3

SASKATCHEWAN

Saskatchewan Blue Cross
P.O. Box 4030, 516 2nd Ave. N
Saskatoon, SK S7K 3T2

QUEBEC

Quebec Blue Cross
550 Sherbrooke Street West
Montreal, PQ H3A 3S3

ALBERTA

Alberta Blue Cross
10009 - 108th St NW
Edmonton, AB T5J 3C5

ONTARIO

Ontario Blue Cross
P.O. Box 2000
185 The West Mall, Suite 600
Etobicoke, ON M9C 5P1

BRITISH COLUMBIA

Pacific Blue Cross
P.O. Box 7000
Vancouver, BC V6B 4E1

MANITOBA

Manitoba Blue Cross
100A Polo Park Centre
P.O. Box 1046
Winnipeg, MB R3C 2X7

4. Customer Inquiries:

Tel: 1-888-873-9200

Saskatchewan Blue Cross has always been, and will continue to be, committed to protecting your privacy and ensuring your personal information remains confidential. We ensure compliance by our staff with the strictest standards of security and confidentiality. Protecting your privacy and the confidentiality of your personal information is fundamental to the way we do business.

COLLECTION

In the process of our doing business with you it is often required to collect personal information. We do not collect this personal information unless it is provided to us voluntarily and knowingly through written, verbal, or electronic contact with you. In some cases we may be required to obtain information from third parties. When you apply for coverage with us, we require that a consent be completed providing us with your authorization to collect the information required to carry out the terms of your policy.

USE

When requesting information we will only request data necessary and appropriate under the circumstances. Your personal information will not be provided to any third parties other than those authorized by you.

Information collected will be maintained to assist us in understanding and appropriately responding to your current and future needs. It may be utilized for planning benefit enhancements and sound financial management.

We do not use or disclose your personal information for purposes other than those for which it was collected, unless we obtain your future consent.

CHANGING INFORMATION

At any time you may advise us of changes in the personal information we have in your file so your information may be updated.

PROTECTION & DISCLOSURE

Your information will not be shared with anyone outside Saskatchewan Blue Cross except when required or permitted by law or with your express or implied consent. We protect your personal information with appropriate security measures, and those third parties who receive the documentation are required to do the same. Information collected is provided only to individuals who are required to provide service respecting your policy. They are provided only with the necessary information to perform their duties. Personal information is only provided to identifiable individuals who are of legal age.

If you do not agree with the proposed use or disclosure of your personal information, you may withdraw your consent at any time, subject to legal or contractual restrictions, and reasonable notice. Your withdrawal may prevent us from offering our products or services to you.

Employees who have access to your information comply with the privacy principles as well as the company's Code of Conduct (Ethics) which requires employees to uphold strict standards of confidentiality regarding the affairs and accounts of subscribers.

Your personal information should be as accurate, complete and up-to-date as possible in order to minimize the possibility that inappropriate information will be used in making a decision respecting your coverage. This requires that information be updated on a reasonable basis. Information is only updated to the extent that is necessary for the purpose for which it was collected.

At your request, we will confirm the personal information we hold about you, what it is being used for and to whom it is being disclosed. When making such requests, you will be asked to identify yourself and must be specific about the type of information you are requesting that may be in our control. Where possible, we will give you access to your information and you may review its accuracy and completeness. In limited situations, we may not be able to provide you with access to the information; for example, where it may be too costly to retrieve the information or where the information cannot be disclosed for legal, security or commercial proprietary reasons. When information is not easily accessible, we may charge a reasonable retrieval fee.

We have developed policies and procedures which dictate how long we will keep your personal information. These policies and procedures ensure that we destroy, erase or make anonymous your personal information when it is no longer needed to fulfil the purposes identified. Reviews on privacy will be conducted on a regular basis to ensure you are properly protected and respected.

We protect your personal information from loss or theft, and from unauthorized access, disclosure, copying, use or modification. The type of safeguard depends on the sensitivity of the information and all paper information is shredded when destroyed.

We hold ourselves accountable for the personal information we have about you. In order to achieve this objective, we have assigned an individual in our organization to ensure that Saskatchewan Blue Cross implements the policies and procedures necessary to comply with the principles outlined in this document.

If you would like more details about your information and your privacy, or require changes to existing information, please contact us. We would be pleased to assist you and answer your questions or hear your concerns. If you have expressed concerns respecting the privacy of your information and your concerns have not been addressed to your satisfaction, please express your concerns (in writing) to our Chief Privacy Officer, who will ensure your concerns are addressed by the further enhancement of policies and procedures.

TO CONTACT US

By Phone: 1-800-667-6853 Monday – Friday, 8:30 a.m. - 5:00 p.m.
If you are calling from in Saskatoon, please call 667-5200

By Fax: (306) 652-5751

By E-mail: www.getinfo@sk.bluecross.ca

By Mail: Saskatchewan Blue Cross
PO Box 4030
Saskatoon SK S7K 3T2

You (and your dependents, if applicable) are insured for the following health care benefits incurred during the diagnosis or treatment of an illness or accidental injury subject to any deductible, co-insurance, co-payment, or maximum shown in the Schedule of Benefits.

Prescription Drugs: Drugs, including in-hospital drugs, are eligible when they have been:

- prescribed by a physician or dentist (specific preventative medications which do not require a prescription such as flu shots, allergy shots and vaccines are eligible for payment),
- assigned a drug identification number in Canada,
- dispensed by a licensed retail pharmacy or attending physician, and
- are not normally available over the counter.

Excluded are experimental drugs, fertility drugs, smoking cessation drugs, sexual dysfunction drugs, dietary aids, vitamins, Rogaine or any other product prescribed to restore hair growth, and any medication prescribed for cosmetic purposes.

Preferred Accommodation: Semi-private or private, as indicated in the Schedule of Benefits. Charges for preferred in-hospital accommodation, when requested by the participant.

Ambulance: Licensed road ambulance service to transport a patient to and from the nearest hospital able to provide essential care, including the expenses of an attendant (not a relative) when medically necessary.

Air Ambulance: Licensed air ambulance to transport a patient to and from the nearest hospital able to provide essential care, including the expenses of an attendant (not a relative) when medically necessary.

Private Duty Nursing: Services of a registered nurse (RN, RNA, or LPN) where the services have been ordered by the attending physician for an inpatient, as well as in the home of the participant (excluding services provided in nursing homes or for palliative care). Services provided by a nurse who ordinarily resides in the home or who is a member of the immediate family are excluded. The maximum allowable expense is \$10,000 per person in a calendar year.

Accidental Dental: Dental treatment or surgery required as a result of an accident to sound natural teeth but not when caused by an object wittingly or unwittingly placed in the mouth. Treatment must be rendered or reported and approved for payment by Saskatchewan Blue Cross within twelve months of the accident.

Medical Equipment: Charges for rental of a wheelchair, hospital-type bed, patient walker and equipment for the administration of oxygen on the written authorization of a physician. If, due to extended illness or disability, it is felt that the need for these items will be long-term, Saskatchewan Blue Cross, at its discretion, may approve the purchase of these items.

Prosthetic Appliances: Charges for artificial eyes, limbs, crutches, canes, splints, casts, trusses, rib belts, and cervical collars when prescribed by a physician. Replacement of the above items will not be covered unless replacement is required due to pathological change. Wigs required due to a medical condition and prescribed by a physician will be covered to a maximum of \$500 per person in a calendar year.

Braces: Charges for custom fitted braces, which incorporate a rigid support of metal or plastic, when prescribed by a physician. Replacement will not be covered unless replacement is required due to pathological change. (Excluded are dental braces and sports braces.)

Breast Prosthesis: Charges for breast prosthesis following mastectomy, to a maximum of one per person every two calendar years (two if a double mastectomy) on the written order of a physician. This benefit also includes payment of surgical brassieres to a maximum of two per person per calendar year.

Diabetic Supplies: Charges for the following diabetic supplies in a quantity prescribed by a physician and deemed reasonable by Saskatchewan Blue Cross; i.e. needles, syringes, swabs, test tapes and lancets.

Diabetic Equipment: Charges for preci-jet, glucose meters or similar equipment used for the treatment and control of diabetes.

Medical Supplies: Charges for surgical stockings, embolic stockings, stump socks and burn garments.

Ostomy Supplies: Charges for essential ostomy supplies when prescribed by a physician.

Hearing Aids: Charges for hearing aids (excluding batteries) up to \$500 in three calendar years. Dependent children less than 21 years of age requiring a hearing aid for each ear are eligible for two hearing aids (one for each ear) to a maximum expense of \$500 for each hearing aid in three calendar years.

Paramedical/Health Practitioners: Charges for diagnosis or treatment, except when performed in a hospital, by a licensed chiropodist/podiatrist, physiotherapist, chiropractor, osteopath, naturopath, acupuncturist, and registered massage therapist. The maximum allowable expense for each type of practitioner is indicated in the Schedule of Benefits.

Psychologists: Charges for diagnosis or treatment, except when performed in a hospital, by a licensed and registered psychologist. The maximum allowable expense is indicated in the Schedule of Benefits.

Speech Therapy: Charges for diagnosis or treatment, except when performed in a hospital, by a registered speech therapist. The maximum allowable expense is indicated in the Schedule of Benefits.

Orthopaedic Shoes/Foot Orthotics: Purchase, repair, or replacement when necessitated by a physical change for custom-made orthopaedic shoes and custom-made foot orthotics including scaphoid pads, torque heels, insoles, metatarsal pads, and molded arch supports when prescribed by an orthopaedic surgeon, physiatrist, rheumatologist, or the attending physician. Stock item footwear are excluded.

Aerochambers / Nebulizers / Continuous Positive Airway Pressure (C-PAP) Accessories: Charges for the purchase of aerochambers, nebulizers and continuous positive airway pressure accessories (including masks, tubing, etc.) when prescribed by a physician.

Mobility Aids: Charges for the purchase of bathroom rails, bath seats, raised toilet seats or reachers, on the written authorization of a physician.

Blood Pressure Monitors: Charges for the purchase or rental of a blood pressure monitor on the written authorization of a physician (limitation of the purchase of one blood pressure monitor every five calendar years).

Cardiac Rehabilitation: Charges for treatment rendered to cardiac patients under a recognized cardiac rehabilitation program where such treatments have been prescribed by the attending physician for:

- rehabilitation after myocardial infarction, coronary bypass surgery or valve replacement, or
- the management of angina pectoris or other diagnosed cardiac disease.

Payment is limited to a lifetime maximum of \$300 per person.

Eye Examinations: Charges for eye examinations, including eye refractions, performed by a licensed optometrist, or ophthalmologist for insured persons who live in a province where eye examinations are not covered by a provincial or government plan. Overall maximum of \$80 per person in two calendar years applies (every calendar year for eligible dependent children under age 18).

EXTENDED HEALTH BENEFITS

Medical Travel in Canada: Charges up to an overall combined lifetime maximum of \$2,000 per person for travelling and accommodation expenses when you are referred away from your place of residence for medical services. Prior approval from the provincial government health program and Saskatchewan Blue Cross is required.

Expenses incurred by one travelling companion are also eligible, provided your physician has recommended that a travelling companion accompany you. Your total expenses (including your travelling companion's expenses) must not exceed the overall combined lifetime maximum amount of \$2,000.

The medical services must:

- be referred by your usual physician,
- be provided by a physician other than your usual physician,
- be provided within your province of residence or elsewhere in Canada, and
- not be provided in your normal place of residence (example: if you live in Saskatoon, Saskatchewan medical expenses for a referral within Saskatoon would not qualify).

The following expenses are eligible for reimbursement:

- travelling expenses are limited to either round trip economy class travel or automobile fuel expenses. Charges for taxicab, car rental, automobile repair, and mileage are excluded.
- commercial accommodation expenses are limited to moderate quality accommodation for the area in which the expense is incurred. Telephone and meal expenses are excluded.

Claims for eligible travel and accommodation expenses must be accompanied by supporting documentation and receipts.

Outside Province of Residence Referral Benefit: Charges for services outside of your province of residence recommended by a physician for treatment which is not available in your province of residence, up to a maximum of \$50,000 per course of specialized treatment and a lifetime maximum of \$100,000. The claim must have prior approval from the provincial government and Saskatchewan Blue Cross.

Payment will not be made for diagnosis and/or treatment of any illness:

- commencing within 12 months of the effective date of group coverage,
- for which medical treatment or prescribed drugs have been received 12 months prior to the effective date of this coverage,
- where the condition existed prior to the effective date of the group coverage, or
- for experimental medical procedures or treatment methods not approved by the Canadian Medical Association.

BENEFIT PERIOD

Each benefit period covers one calendar year. ANY DEDUCTIBLE OR LIMITS APPLY ON A CALENDAR YEAR BASIS.

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

EXCLUSIONS AND LIMITATIONS

Extended Health Care Benefits will not be payable for charges in connection with the following:

- services or supplies normally provided without cost or at nominal cost by any government health plan, or any plan or arrangement,
- services or supplies covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- services or supplies to which the participant is entitled under any Workers' Compensation statute or any other legislation,
- charges relating to elective services obtained outside the participant's province of residence when the provincial government health care programs have not accepted liability for those items normally covered in the participant's province of residence,
- medical examinations or routine general checkups required for the use of a third party,
- charges for rest cures, convalescent care, custodial care, or rehabilitation services,
- services or supplies for cosmetic purposes or conditions not detrimental to one's health,
- expenses incurred as a result of self-inflicted injuries; abuse of medications, drugs, or alcohol; or suicide or attempted suicide,
- expenses incurred as a result of active participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, or any riot, public confrontation, civil commotion, or any other act of aggression,
- expenses incurred as a result of committing or attempting to commit a criminal act,
- charges for missed appointments or the completion of change forms, or
- mileage or delivery charges.

OUTSIDE PROVINCE OF RESIDENCE TRAVEL BENEFITS

In the event of an accident or unexpected illness occurring outside your province of residence, reasonable and customary charges will be paid for the following eligible expenses, subject to any co-insurance, limitation(s), or maximum amount shown in the Schedule of Benefits, or maximums specified below.

Hospital Accommodation: Hospital accommodation in excess of the amount paid by the provincial government plan.

Physicians & Surgeons: Services of a duly licensed physician when allowed by the provincial government plan.

Prescription Drugs: Prescription drugs as prescribed by the attending physician and supplied by a pharmacist.

Nursing Services: Special duty nursing charges when ordered by the attending physician following emergency services.

Ambulance: Licensed ambulance service, including air ambulance to the nearest qualified medical facility, as follows:

- Post Emergency Evacuation - Subject to medical advice to the contrary, evacuation of the patient, without dependents, to a hospital in their province of residence, where pre-authorized by Saskatchewan Blue Cross.
- Where pre-authorized by Saskatchewan Blue Cross, and upon written advice from either the attending physician or a commercial airline that a patient must be accompanied by a qualified medical attendant, Saskatchewan Blue Cross shall pay the costs incurred for one direct round trip economy fare for the medical attendant.

Diagnostic: X-rays, examinations, and diagnostic laboratory procedures.

Medical Appliances: The cost of casts, crutches, canes, slings, splints, trusses, braces and/or temporary rental of a wheelchair when required as a result of sickness or accident. This benefit will be payable only when the sickness or accident occurs outside the participant's province of residence and when ordered by a physician.

Paramedical Services: Charges for diagnosis or treatment, except when performed in a hospital, by a licensed chiropractor/podiatrist, physiotherapist, chiropractor, osteopath, and naturopath.

Accidental Dental: Charges for dental treatment when natural teeth have been damaged by a direct, accidental blow to 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 months of the accident. Eligible expenses will be the dentist's usual and customary fee according to the current Dental Fee Guide for general practitioners in effect where services are rendered.

Meals & Accommodation: Up to \$800 (\$100 per day) for commercial accommodations and meals incurred by you or a covered family member travelling with you when your trip is delayed due to illness or accident.

Vehicle Return: Up to \$500 for the cost of returning your vehicle when you are unable due to illness or accident.

Return of Deceased: The cost of transportation to return the deceased to your province of residence, excluding the cost of burial coffin or urn.

Family Transportation Expense: Up to \$1,000 for transportation cost in the event that an insured is hospitalized and the physician advises the attendance of a family member (next of kin).

Worldwide Travel Assistance: The provision of 24 hour telephone and telex services around the world in the event of emergency medical situations requiring hospitalization; plus:

- confirming coverage and payment to a doctor and/or hospital,
- arrangement for medical evaluation by a qualified physician and then referral to a medical facility equipped to provide treatment,
- transfer of patient to another medical facility if required,
- assistance in contacting the family or business partner, and
- emergency response in any language.

OUTSIDE PROVINCE OF RESIDENCE TRAVEL BENEFITS

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

EXCLUSIONS AND LIMITATIONS

Saskatchewan Blue Cross will not pay any benefit or accept any liability for claims relating to:

- benefits payable by the participant's government health plan or any other government agency,
- services or supplies covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- referral treatment,
- elective (non-emergency) treatment or surgery,
- expenses incurred as a result of self-inflicted injuries; abuse of medications, drugs or alcohol; suicide or attempted suicide; or committing or attempting to commit a criminal offense,
- expenses incurred as a result of participation in an insurrection, war or act of war (declared or not), the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, riot or public confrontation, civil commotion, or any other act of aggression,
- services or supplies not required for the immediate relief of acute pain or suffering which reasonably could have been delayed until returning to your province of residence,
- expenses associated with a pre-existing medical condition. A pre-existing medical condition means an illness or injury which is not stable prior to travel and/or has not been controlled by consistent treatment with prescribed medication prior to travel, and medical attention is not reasonably anticipated during the travel period. To be considered stable, a condition must not have required medical investigation, diagnosis, treatment, or hospitalization preceding the departure date,
- expenses associated with the required confinement of the participant due to childbirth and delivery if any portion of travel falls after the 32nd week of gestation,
- expenses incurred as the result of participation in professional sports or any speed contest, parachuting, bungee jumping, mountaineering, or spelunking, or
- expenses incurred as the result of a flight accident unless the participant is riding as a fare paying passenger on a commercial airline or charter aircraft with a seating capacity of six people or more.

Saskatchewan Blue Cross will pay the reasonable and customary charges for the following eligible expenses on a reimbursement plan basis. These benefits are subject to any deductible, co-insurance or maximum amount shown in the Schedule of Benefits, or the benefit maximums specified below.

LENSES / FRAMES / CONTACT LENSES / LASER EYE SURGERY

Charges for the following expenses:

- corrective eyeglasses (lenses and/or frames) when prescribed by a licensed optometrist or ophthalmologist,
- corrective contact lenses when prescribed by a licensed optometrist or ophthalmologist, and
- laser refractive surgery when performed by a licensed ophthalmologist.

The overall combined maximum amount, which applies to the above expenses, is indicated in the Schedule of Benefits.

VISUAL TRAINING / REMEDIAL EYE EXERCISES

Charges for visual training and remedial eye exercises up to a combined overall maximum lifetime eligible expense of \$150.

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

EXCLUSIONS

Vision Care Benefits are not payable for charges in connection with the following:

- non-prescription sunglasses,
- non-prescription safety glasses, or
- any form of eyeglasses purchased for cosmetic or aesthetic purposes.

Dental benefits are based on the usual and customary charges up to the Dental Fee Schedule as indicated in the Schedule of Benefits. The overall limits and co-insurance amounts are shown in the Schedule of Benefits.

Dental services in excess of \$500 require pre-authorization by Saskatchewan Blue Cross, in writing in the form of a "Treatment Plan". Dental claim forms are provided for this purpose.

BASIC BENEFITS

DIAGNOSTICS:

Clinical Oral Examinations:

- complete oral examination (one in a three calendar year period)
- recall examination (two in a calendar year)

X-Ray Examinations:

- full mouth or panoramic films (limited to one of either type in every three calendar years)
- single films
- cephalometric films (limited to five in two calendar years)
- occlusal (limited to two in a calendar year)
- Bitewing and temporomandibular joint films (limited to four of each type in a calendar year)

Tests and Laboratory Examinations

PREVENTIVE SERVICES: Polishing (two units in a calendar year), scaling (eight units in a calendar year), fluoride treatments (two treatments in a calendar year), oral hygiene instruction (once in a calendar year), pit and fissure sealants, space maintainers, and protective athletic appliances (one appliance in a calendar year).

RESTORATIVE SERVICES: Fillings, recementing inlays and crowns, removal of inlays and crowns, and cement restorations.

ENDODONTIC SERVICES: Diagnosis and treatment of the pulp (nerve) of teeth, including root canal therapy.

PERIODONTIC SERVICES: Diagnosis and treatment of the gums and bones which support the teeth. Temporomandibular joint (TMJ) intra-oral appliance (limited to one upper or one lower in two calendar years).

ADJUNCTIVE SERVICES: Office or Institutional visit.

PROSTHODONTIC SERVICES: Denture adjustments and repairs, denture rebasing and relining (once in two calendar years), tissue conditioning, removal, repair and recementing fixed bridge.

SURGICAL SERVICES: Extraction of teeth.

MAJOR SURGICAL PROCEDURES: Surgical exposure of the tooth, surgical repositioning or transplantation, cutting of bone to aid in removal of teeth or to permit insertion of a denture, surgical shaping of gum tissue in order to support teeth, and tumors and cysts.

MAJOR RESTORATIVE BENEFITS

EXTENSIVE RESTORATIVES: Crowns and fixed bridges including inlays and onlays. (Single crowns and fixed bridges will be limited to once per tooth in a five year period.)

PROSTHODONTIC SERVICES: Complete dentures (limited to one upper and one lower in a five year period), partial dentures (limited to one upper and one lower in a five year period), single crowns and fixed bridges will also be limited to once per tooth in a five year period.

ORTHODONTIC BENEFITS

ORTHODONTIC SERVICES: Prevention or correction of irregularities of the natural teeth.

BENEFITS FOR LATE APPLICANTS

If application for dental benefits (employee or dependent) is made more than 31 days after the date on which the employee and/or dependent first becomes eligible, the maximum benefit will be limited to \$100 per participant during the first 12 months of coverage. This provision does not apply to dental services required as a result of natural teeth being damaged by a direct accidental blow to the mouth after the effective date of the late applicant's coverage.

CONVERSION OPTION

If your coverage ceases because of termination of employment, you may apply within 31 days to convert to one of the programs available to individuals through your local Blue Cross at that time. In the event of loss of coverage due to a change in status, or your death, a spouse or dependent child may also apply within 31 days of the change to convert to one of the programs available to individuals through your local Blue Cross at that time.

BASIC, MAJOR AND ORTHODONTIC DENTAL EXCLUSIONS AND LIMITATIONS

Dental Care Benefits will not be payable for charges in connection with the following:

- services or supplies normally provided without cost or at nominal cost by any government plan, or any plan or arrangement,
- services or supplies covered by the Non-Insured Health Benefits program through the Medical Services Branch of Canada,
- construction of an inlay, onlay, crown or fixed bridge unless there is extensive decay or breakdown which can not be repaired by use of amalgam or similar restorative material,
- replacement of lost or stolen prosthetic devices,
- implants and/or services performed in conjunction with implants,
- dental treatment required for cosmetic purposes or conditions not detrimental to one's health,
- dental treatment required as a result of self-inflicted injuries; abuse of medications, drugs, or alcohol; or suicide or attempted suicide,
- expenses incurred as a result of active participation in an insurrection, war or act of war (declared or not), or the hostile action of the armed forces of any country, service in the armed forces, hijacking, terrorism, or any riot, public confrontation, civil commotion, or any other act of aggression,
- expenses incurred as a result of committing or attempting to commit a criminal act,
- services for which the government prohibits the payment of benefit,
- services provided without charge or paid for by the employer,
- services performed by an unqualified practitioner,
- charges for missed appointments or the completion of claim forms,
- any item or service not listed as a covered benefit, or
- experimental procedures.



Web Site: www.sk.bluecross.ca